



Hampshire County Council

ANNUAL HEALTH REPORT

OF THE

COUNTY MEDICAL OFFICER

H. LESLIE CRONK, M.A., M.D., D.P.H.

FOR THE YEAR

1946

CONTENTS

	Page
Vital Statistics	4
General Provision of Health Services	2
Health Education	5
Hospital Accommodation—Infectious Diseases	47
Public Health Officers	3
Maternity and Child Welfare	5-37
Maternal Welfare—	27
Ante-Natal Care and Clinics	27
Domiciliary Midwifery	30
Home Help Scheme	31
Institutional Accommodation	31
Maternal Mortality	34
Stillbirths	26
Child Welfare—	
Babies Subject to Special Risks	22
Children Separated from their Parents	19
Child Welfare Centres	9
Defects—Treatment of	35
Feeding	5
Infantile Mortality	25
Infant Life Protection	9
Mothercraft	8
Nurseries—Residential	20
Day	21
Milk	38
Infectious Diseases—Prevalence of and Control	40-47
Diphtheria	43
„ Immunisation	44
Hospital Accommodation	47
Notifications	41
Blind Persons Act	59-61
Tuberculosis	48-55
Care and After-Care Committee	54
Child Contacts—Boarding-out	54
Deaths from	48
Diagnosis X-ray and Mass Radiography	53
Dispensary Work	49
Notifications	48
Treatment Allowances	54
Treatment Institutional	53
Cancer	56-59
Venereal Diseases	61-63
General Practitioner Service	63
Incidence	61
Regulation 33B	62
County Laboratories	63
Domestic and Home Helps Schemes	31
Voluntary Associations	63

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FOREWORD.

This year the birth rate has substantially increased and with it the difficulties of providing institutional accommodation for mothers who still need this in a greater proportion than in pre-war years because of the housing difficulties which remain in spite of the efforts of the housing authorities. The slightly increased maternal mortality rate has, however, nothing to do with this enforced limitation of institutional accommodation as explained in the body of the report. The difficulties of getting adaptations carried out are only equalled by the difficulties of engaging the necessary staff and will remain some time longer.

The year was marked by the lowest infantile mortality rate yet recorded, one of just over 29 per 1,000 births and the good result cannot have been achieved without an improvement in the care given by mothers and suggests that however unsatisfactory has been the response to the teaching concerning breast feeding the instruction in the care of infants given to school leavers and at Welfare Centres has proved useful.

As mentioned before good food and adequate housing remain the basis of good health, for children in particular, and for the reason that milk is pre-eminently the food for children, I have included in this report a survey of the situation which does not yet seem satisfactory. A note is included on the taking of Government vitamins which, although particularly important, are not yet regarded by the mothers as essential. The figures however, do not show the true position in respect of the vitamins actually consumed since quite a number of mothers prefer to buy other brands which for some reason or other they consider preferable.

An unsatisfactory feature of this year's survey is the increase of venereal disease which is reflected in the rise in the proportion of expectant mothers found to need treatment. This blood examination is of vital importance to the next generation since an undetected and therefore untreated infection of the mother, which may well go unnoticed, may cause the child to suffer from the effects which may not be apparent for several years. The blood is still not examined as a routine (only 1936 samples were received though 5,528 women received medical ante-natal care) in spite of repeated emphasis on the needs of this course of action.

It is satisfactory to note the decreased death rate from Tuberculosis but the need for reasserting that there is an increasing number of infected persons possibly in an infectious condition is worthy of mention. The home arrangements in the case of these sufferers have been investigated and the position shown; every effort is made to separate the susceptible from the infectious but this is not always possible. The results of the mass Miniature Radiography Units visits to parts of the County will be included in my report for next year; if this could be repeated and the area covered extended, there would be some further detection of infectious cases and the treatment of early cases found should prevent the deterioration of some to an infectious state. The uses of B.C.G. vaccine in the protection of those who cannot evade infection is still under consideration nationally. There is still lack of accommodation for patients needing treatment.

In conclusion there is to be noted a reduction in the number of deaths from Cancer from 1,010 in 1945 to 981 in 1946; the diminution is in cancer of all other sites and there is actually an increase in deaths from Cancer of the breast from 100 in 1945 to 116 last year. It is impossible at this stage and from the limited experience in this County to draw any conclusions as to the causes and possible trend of events.

Staff.

The position as at December 31st, 1946, was as follows :—

Assistant County Medical Officers.

Esther Ashworth	‡ Audrey M. Hughes
* M. Avent	‡ Hilda M. P. Hunt
* Catherine Avery	‡ Myrtle Hutchins
† Kate D. Ball	D. J. N. McNab
† Sarah Boyle	* T. D. Murison
† Laurel Campbell	W. Simpson
* A. A. Cockayne	* G. Tate
† Margaret Cowan	* W. C. D. Wabnsley
A. E. Druitt	Phyllis Watson

†—Part-time.

‡—Is Senior Assistant for Maternity and Child Welfare Services.

*—Medical Officers of Local Sanitary Authorities also.

Tuberculosis Officers.

W. J. Hart, Deputy County Medical Officer and Senior Clinical Tuberculosis Officer	
Joan Butterworth	H. S. Fraser (<i>appointed 1.9.46</i>)
A. Capes	B. L. Lloyd

Child Guidance Team.

Dr. A. F. Mary Christie	Psychiatrist.
* Dr. W. Furstenheim	} Assistant Psychiatrist.
Mr. H. R. Melrose	
Miss M. Baldwin	Educational Psychologists.
Miss J. Eastman	Psychiatric Social Worker.

*—Part-time.

County Oculist.

Dr. Christina S. Stoddart

County Orthoptist.

Miss E. Hall (part time)

Speech Therapy.

Chief Speech Therapist—(part-time)

Mr. A. P. Tolfree

Assistant Speech Therapists :

- * Miss P. G. Conway (Part-time—Commenced duty on 1.11.46.
- Miss M. D. Davie (Whole-time)—Commenced duty on 1.10.46.
- * Gives 6 Sessions to the Isle-of-Wight. L.E.A.

Senior Dental Officer :

Mr. C. C. Chadwick
(*appointed 1.10.46*).

Assistant Dental Officers :

Miss E. O. Betts	Mr. D. H. Oliver
Mr. T. E. Black	Mr. W. H. Price
Mr. L. B. Corner	Miss J. Roberts
Mrs. B. Durbin	Mr. J. E. Roberts
Mr. R. T. Hale	(<i>appointed 1.6.46</i>)
(<i>re-instated 26.8.46</i>)	Mr. A. J. H. Seymour
Mr. E. S. Kench	(<i>re-instated 1.8.46</i>)
(<i>re-instated 17.7.46</i>)	Mr. E. J. Taylor
Mr. T. McClelland	* Mr. B. T. Wyatt

*—Gives 1/11th of his time to Winchester City as M. & C. W. Authority.

Chief Administrative Assistant.

Mr. C. G. Cartwright

VITAL STATISTICS.

Extracts from Vital Statistics.

				Male	Female	Total	Rate per 1000 pop.	England & Wales (provisional)
Live Births :	Legitimate	...	...	5232	4987	10219	18.9	19.1
	Illegitimate	...	...	498	458	956	1.8	
Stillbirths :	Legitimate	...	...	143	128	271	0.50	0.53
	Illegitimate	...	...	10	10	20	0.04	
Deaths	...	...	...	3056	3096	6152	11.4	11.5

Deaths from	Number	Rate per 1000 Total Births	Provisional rate for England & Wales
Puerperal and post-abortive sepsis	2	0.17	0.31
Other puerperal causes	22	1.92	1.12

Death Rate of Infants under one year of age.

	Number	Rate per 1000 Live Births	
		Administrative County	England & Wales
All Infants	328	29.3	43
Legitimate	284	27.8	
Illegitimate	44	46.0	

These Tables show that the Birth Rate in this County in 1946 (20.7 live and 0.5 still) slightly exceeded the 1944 Birth Rate (20.5 live and 0.5 still) and was greater than in the Country as a whole.

The Death Rate from all causes was less than in 1945 and approximately the same as in England and Wales. It must be remembered that this is a crude death rate and therefore of little value for comparative purposes with other areas or other years.

The percentage of total deaths occurring at various age periods will also depend on the age and sex constitution of the population.

The natural increase of live births over deaths is 5,023, it was 3,654 in 1945 and 4,366 in 1944.

The population of the County as estimated by the Registrar General was in 1946, Urban Districts 307,320, Rural Districts 232,220, making a total of 539,540.

HEALTH EDUCATION.

During 1946 it was not possible to arrange any large scale campaign, but as in previous years, every opportunity has been taken to continue this work.

The monthly magazine "Better Health" is distributed to Assistant County Medical Officers, Teachers and Health Visitors, and leaflets are available at the Health Centres.

The Central Council for Health Education have continued with their specially designed leaflets, and, in February, assistance was given to the Farnborough Urban District Council during their Local Government Exhibition Week. A special section was devoted to maternity and child welfare, and a "corner" was set aside for "Muntoys," the industry at The Mount Sanatorium.

Special lectures have been given at Farnborough, Andover and Aldershot.

As stated in my School Report for 1945, I am anxious that many more Parent Associations should be formed. These, as I stated, are ideal channels through which Health Education can be spread and, since there is a strong link between the school and the home, the results can be beneficial in both spheres.

Throughout the year numerous requests were received for lectures to be given by various members of the staff, and many of the Assistant County Medical Officers, Tuberculosis Officers, Dental Officers, Health Visitors, members of the Child Guidance Team and the administrative staff, have given talks all over the County Area on all topics concerning the work of the Department.

This continued interest in Health Education is a point which will need special attention and, with the establishment of Health Centres under the National Health Service Act, 1946, it may be possible to increase the facilities.

For the present all requests are dealt with and, with the co-operation of the staff, who give lectures in their own time, and the help received from the Central Council for Health Education, it can be said that much good work has been done.

Whilst no special campaigns have been arranged, I am of opinion that, rather than a special Health Week, it is important that Health Education should be talked on, and that information should be given about it and the various health services, at all times, and in this connection we are fortunate to have staff who do take every opportunity to deal with these topics in their contacts with parents.

CHILD WELFARE.

A.—General.

1. FEEDING.

(a) *Breast Feeding.*

A special investigation was carried out to ascertain the period at which any other food in addition to breast milk was introduced into the feeding of infants.

Health Visitors were instructed to follow up and make a special record of each notified birth occurring from 1st January, 1946, to 30th June, 1946, recording the place of birth of the child, whether at home, hospital, nursing home, etc., and the age of the child when any form of artificial feeding was introduced, and also the alleged reason for the introduction of additional feeding.

The figures representing the period at which other methods of feeding were started can be considered reasonably accurate, as the Health Visitors pay frequent visits during the first year of a baby's life. The reasons given are of very doubtful value, as the Health Visitor is mainly dependent for this information on the mother's statements.

Table A gives the percentage number of cases in each period, where artificial feeding had already been introduced, on the 1294 cases investigated. The cases are divided according to the place of confinement. It will be seen that over threequarters of the legitimate babies whose feeding was investigated were taking some food supplementary to breast feeding by the end of the second month of life, the commonest reason given being insufficient breast milk and baby not thriving. Nearly one half had already started the supplementary feeding by the end of the second week.

TABLE A.

Period during which other food in addition to breast milk was introduced	Place of Birth							
	Home	County Council Maternity Home	Private Nursing Home	Hospital	Outside County	Total Leg.	Total Illeg.	Total
	%	%	%	%	%	%	%	%
Breast feeding not started	8	17.3	15.3	26.8	21.8	13.7	16.5	14.0
1 week	21.3	36.3	33.9	44.2	25.4	29.2	29.7	29.2
2 weeks	42.6	58.3	54.8	60.5	43.6	49.4	52.0	49.7
3 weeks	52.8	69.6	65.3	72.1	52.7	59.5	65.3	60.0
4 weeks	63.2	75.0	71.4	82.1	65.4	68.5	75.2	69.1
2 months	78.9	85.7	82.7	87.3	74.5	81.2	86.8	81.6
3 months	85.1	91.6	85.9	91.0	83.6	86.3	92.6	86.9
4 months	87.8	95.3	87.9	93.1	90.9	89.1	95.0	89.7
5 months	89.6	95.3	89.5	94.2	90.9	90.6	95.0	91.0
Normal weaning ...	10.4	4.7	10.5	5.8	9.1	9.4	5.0	9.0

Table B gives the causes as stated by the mother for introducing additional feeding.

There was little difference found in these figures according to the place of birth except that 35% of the cases confined in hospital gave ill health of the mother as a cause, compared with 17.3% of total cases. This is a result that would be expected as usually only abnormal cases are confined in hospital.

TABLE B.

Causes of introducing additional feeding as stated by Health Visitor on information received from mother	Legitimate (Total cases) 1173	Illegitimate (Total cases) 121	Total (1294)
	%	%	%
Feebleness of Infant	3.5	0.8	3.2
Harelip and Cleft Palate	0.4	0	0.4
Baby to Foster Mother or Adopted	0.5	18.2	2.2
Baby to Hospital	0.8	0.8	0.8
Insufficient breast milk and baby not thriving	45.5	19.0	43.0
Mother's ill health and death of mother ...	18.6	5.8	17.4
Retracted nipples	2.7	0	2.5
Breast abscess and sore nipples	4.4	4.1	4.3
Domestic worries and overwork at home ...	5.4	5.8	5.4
Mother unwilling to breast feed	4.1	4.1	4.1
Mother working	1.4	30.6	4.1
No cause stated	3.3	5.8	3.6
Normal weaning	9.3	5.0	9.0

The percentage of illegitimate to legitimate births investigated was as follows :—

Born at home	6.9
„ in hospital	7.9
„ in nursing home	4.0
„ in C.C. Maternity Home	25.0
„ outside County	18.2
Total	9.6

As the proportion of illegitimate babies born alive to legitimate in 1946 was 291 to 11,175, or not quite 3 to every 100, the proportion of illegitimate babies investigated was unduly large.

The relatively high proportion of illegitimate births in County Council Maternity Homes will account in part for the early weaning of the cases born in these homes, owing to the relatively large proportion of these babies that are separated from their mothers on account of having been placed with foster mothers or adopters and the mothers having to work outside their homes.

The result of this enquiry is illuminating and although the infant mortality rate indicates that in 1946 at any rate this partial or complete substitution of artificial foods or cow's milk preparations for breast milk had no immediately dangerous results, it is to be discouraged as much as possible since with artificial feeding there is always a greater liability to gastro-enteritis than with breast feeding and there is some indication that resistance to disease generally is lessened.

Efforts are being made, particularly through ante-natal clinics and midwives, to reduce the amount of artificial feeding to the minimum.

(b) *National Milk and Vitamins Scheme.*

Lists showing the percentage of potential uptake in each of the Food Office areas for Hampshire have been received each month from the Regional Office of the Ministry of Food since June 1946.

Methods taken to increase uptake have been :—

Monthly list of returns of uptake and circulars from Ministry of Food sent to Assistant C.M.O., Health Visitors, and general practitioners who act as Hon. M.O.'s of Welfare Centres.

Arrangements made to make supply of vitamins available to mothers at Child Welfare Centres and Ante-natal Clinics by provision of cupboards for storage and enlistment of voluntary workers for their distribution.

Arrangements made for Health Visitors to take vitamins to the homes where it is difficult to attend at Centre or Food Office.

As the figures given by the Food Offices are based on the number of Green Ration Books it is impossible to distinguish between the take-up by expectant mothers and that for children under five years of age.

The order in which the food office areas fall with regard to the average uptake of cod liver oil is as follows, the maximum uptake being in October, November or December :—

- 15%—Droxford, Hartley Wintney, Ringwood, Romsey.
- 20%—Alton, Andover, Gosport, Petersfield, Winchester.
- 25%—Basingstoke, Fareham, Fleet, Havant, Lymington, New Forest.
- 30% and over—Aldershot, Eastleigh.

The order in which the Districts fall with respect to the average uptake of A and D tablets is as follows :—

- 30%—Alton, Andover, Droxford, Fareham, Gosport, Hartley Wintney, Petersfield, Ringwood, Romsey, Winchester.
- 40%—Aldershot, Basingstoke, Lymington, New Forest.
- 50% and over—Eastleigh, Fleet, Havant.

and the period when there was maximum uptake was generally October.

With regard to the uptake of orange juice the order is :—

- Under 30%—Hartley Wintney, Romsey.
- 30%—Alton, Droxford, Gosport, Petersfield, Ringwood, Winchester.
- 40%—Andover, Basingstoke, Fareham, New Forest.
- 50% and over—Aldershot, Eastleigh, Fleet, Havant, Lymington.

The maximum uptake was in June, July or August and the minimum in November and December.

2. HYGIENE.

(a) *Mothercraft Teaching.*

The total number of Mothercraft Lecture-demonstrations given in schools during 1946 was 95 and the number of schools dealt with 39.

(b) *Home Visiting.*

In 1946 notifications were received of 8,363 live births as against 7,996 in 1945 in the area for which the County Council is the Welfare Authority. First visits were paid by Health Visitors to 10,496 children under the age of twelve months, the reason for the excess of visits over births being as explained in my last report.

To older children, from 1—5 years of age, a total of 57,597 visits were paid in 1946. In all, the number of visits paid to children up to the age of five years was 99,141 as against 96,825 in 1945, an increase of 2,316 in the year.

(c) *Child Welfare Centres.*

During the year new centres were opened at Crawley and Forton and the centres at Empshott, Hawkley and Owslebury closed. The number open on the 31st December, 1946, was 119. Tables setting out the work done are given later. During the year, 5,547 children under twelve months of age and 605 over twelve months attended for the first time and the total number of children who attended the centres during the year who were, at the end of the year, under twelve months was 4,768 and over twelve months, 9,522.

CENTRE	WHERE HELD	WHEN HELD All meetings commence at 2.30 p.m. unless otherwise stated	Medical Officer	Number of New Cases		Total Attendances			All Children	Total Number of Sessions	Average Attendance per Session	
				Children	Mothers	Total	Children				Children	Mothers
							Under one year	One to five years				
Alresford	Methodist Church Hall	First and Third Tuesdays at 2 p.m.	Dr. Hughes	55	18	504	371	162	533	22	24	23
Alton	Assembly Rooms	First and Third Tuesdays	Dr. Walmsley	103	66	860	490	410	900	24	38	36
Amport	Amport Hut	First Monday	Dr. Simpson	16	5	176	81	147	228	11	20	16
Andover	C.C. Health Centre, 70, Junction Road	Every Thursday (at 2 p.m.)	Dr. Simpson	230	12	3792	2878	1482	4360	46	81	68
Appleshaw	Church Hall	Third Wednesday	Dr. Simpson	6	2	235	56	221	277	12	23	19
Basing	Village Hall	First Tuesday	Dr. Hunt	17	7	289	100	282	382	12	32	24
Basingstoke	Church Cottage, Church Square	Every Tuesday 9.30-12. Every Friday 9.30 and 2 p.m. Third Thursday	Dr. Hunt	221	25	3891	2767	1386	4153	124	33	30
Bentley	Memorial Hall	*Dr. S. S. Strahan	*Dr. S. S. Strahan	14	8	134	80	98	178	11	16	12
Binsted	The Institute	Fourth Wednesday	*Dr. S. S. Strahan	14	7	178	85	167	252	11	23	16
Bishopstoke	St. Mary's Church Hall	First and Third Thursdays	Dr. Hutchins	19	5	434	255	240	495	22	22	19
Bishops Waltham	Congregational Hall, Lower Lane	First and Third Fridays (at 2 p.m.)	*Dr. W. D. Mitchell	15	1	261	179	131	310	20	15	13
Boldre	Memorial Hall, Pilley	Third Tuesday	Dr. Druitt	15	2	284	113	311	424	11	38	28
Botley	The Catherine Wheel	First Wednesday	*Dr. H. Bamber	18	—	220	129	125	254	10	13	11

Bramshaw ...	...	Village Hall	Second Tuesday	Dr. Campbell	8	7	110	58	76	134	13	10	9
Breamore ...	...	Woodgreen Hall	First Thursday	Dr. Brown	13	14	195	86	136	222	11	20	18
Brockenhurst ...	...	Morant Hall	First and Third Tuesdays	Dr. McNab	42	5	815	410	430	840	23	36	35
Broughton ...	...	Village Hall	Second Wednesday	Dr. Tate	17	6	246	129	199	328	12	27	20
Bursledon ...	...	Parish Hall	Third Tuesday	Dr. Hutchins	36	12	522	270	289	559	11	50	47
Chandlers Ford ...	...	Ritchie Hall	Second and Fourth Fridays (2pm.).	Dr. Tate	58	14	754	425	377	802	21	38	34
Cheriton ...	...	Parish Hall	First and Third Friday	Dr. Avery	16	20	250	109	210	319	17	19	15
Christchurch ...	...	C.C. Health Centre, Millham's Street	Every Tuesday	Dr. McNab	170	37	2809	1989	1307	3296	46	71	61
Colden Common ...	...	Parish Hall	Fourth Friday (2 p.m.)	Dr. Avery	26	7	240	124	144	268	10	26	24
Copythorne ...	...	Foresters Hall, Bartley	First and Third Thursdays	Dr. Campbell	33	4	553	261	336	597	22	27	25
Cove ...	...	Labour Hall	Every Wednesday	Dr. Walmsley	123	23	2498	1998	887	2885	51	56	49
⁽¹⁾ Crawley ...	...	Village Hall	Second Friday	Dr. Avery	6	—	30	15	39	54	3	18	10
Crondall ...	...	Church Room	Second Tuesday (2 p.m.)	Dr. Boyle	17	8	160	79	109	188	12	15	13
Denmead ...	...	Free Church Schoolroom (2 p.m.)	First and Third Tuesdays	Dr. Watson	31	7	438	279	246	525	21	25	21
Dibden Purlieu ...	...	Women's Institute Hall	Second and Fourth Tues.	Dr. Ball	45	13	823	407	663	1070	21	51	39
Droxford ...	...	Village Hall	First Monday	Dr. Watson	16	9	194	88	123	211	11	19	17

(1) Centre opened October, 1946.

CENTRE	WHERE HELD	WHEN HELD All meetings commence at 2.30 p.m. unless otherwise stated	Medical Officer	Number of New Cases		Total Attendances			All Children	Total Number of Sessions	Average Attendance per Session	
				Children	Mothers	Children	Mothers	Children			Children	Mothers
				Under one year	One to five years	Under one year	One to five years	Under one year	One to five years			
East Boldre ...	Parish Hall	First Thursday (2 p.m.)	Dr. Druitt	15	4	83	184	267	11	24	22	
Eastleigh ...	C.C. Health Centre, Chamberlayne Road	Every Wednesday (9.30 and 2 p.m.)	Dr. Hughes and Dr. Hutchins	252	26	3425	1390	4815	92	52	45	
⁽²⁾ Empshott ...	Village Hall	Fourth Wednesday	Dr. Watson	1	—	5	10	15	3	5	4	
Emsworth ...	Church Hall	Second and Fourth Fridays	*Dr. E. B. McDowall	54	24	387	304	691	23	33	31	
Eversley ...	Village Hall	First Tuesday	*Dr. E. Billing	8	7	64	212	276	11	25	20	
Fair Oak ...	Women's Hall	Second and Fourth Thursdays	Dr. Avery	27	7	285	276	561	21	30	24	
Fareham ...	Methodist Church Hall, Kings Road	Every Friday	Dr. Ashworth	217	42	2455	1440	3895	45	86	76	
Farleigh Wallop ...	Club Room	First Thursday	Dr. Hunt	11	5	61	89	150	11	13	9	
Farnborough ...	St. Mark's Club Rooms	Every Tuesday	Dr. Walmsley	168	25	2335	437	2772	51	54	52	
Fawley ...	Methodist Hall, Wesleyan Lane	First and Third Mondays (2 p.m.)	Dr. Druitt	78	28	472	581	1053	22	46	39	
Fleet ...	Church Institute	First and Third Thursdays	Dr. Avent	101	27	614	243	857	24	35	33	
Fordingbridge ...	Welfare Rooms	Every Friday	Dr. McNab	37	18	327	482	809	47	18	15	
⁽³⁾ Forton (Gosport) ...	Crossways Social Hall	Every Friday	Dr. Ashworth	77	22	651	255	906	17	45	27	

(2) Centre closed March, 1946.

(3) Centre opened September, 1946.

Fritham	Sunday School Room	Second Wednesday	*Dr. H. Pesel	1	—	52	17	35	52	7	7	7
Gosport (Elson)	St. Thomas's Church Hall	Every Fourth Tuesday	Dr. Ashworth	149	36	1967	1518	751	2269	35	64	56
Gosport (Stoke Rd.)	Methodist Sunday School Room	Every Wednesday (10 a.m. & 2 p.m.)	Dr. Ashworth	450	77	7467	5710	2372	8082	127	64	59
Grayshott	Village Hall	Every Friday (2.45 p.m.)	Dr. Watson	53	4	614	524	91	615	49	13	13
Hamble	Memorial Hall	Second and Fourth Wednesdays	Dr. Hutchins	24	19	702	454	415	869	21	41	38
Hambleton	Women's Institute	Third Friday	*Dr. E. J. Horn	15	—	232	48	196	244	10	24	23
Hartley Wintney	Church Room	First and Third Fridays	Dr. Avent	38	12	404	300	152	452	23	20	18
Havant	C.C. Health Centre	Second and Fourth Tuesdays 9.30 a.m. and 2 p.m., except when there is an Orthopaedic Clinic in morning	Dr. Watson	98	21	1500	970	759	1729	44	39	32
Hayling (North)	Recreation Hall	First and Third Tuesdays 9.30 a.m. only	Dr. Cowan	19	4	401	183	315	498	22	22	18
Hayling (South)	St. Mary's Institute	First and Third Wednesdays at 9.30 & 2 p.m.	Dr. Watson	109	85	1422	965	857	1822	46	45	31
Headley	"Hillands," Headley	Second and Fourth Fridays	Dr. Watson	28	8	384	196	271	467	23	20	17
Hedge End	St. John's Room	Second and Fourth Tuesdays	*Dr. H. E. Bamber	29	12	552	235	381	616	21	29	26
Hordle	Women's Institute Hall	Third Wednesdays (2 p.m.)	Dr. Ball	28	10	250	153	210	363	16	23	16
Hook	Village Hall	Fourth Tuesday	Dr. Hunt	18	8	166	67	128	175	10	17	16

CENTRE	WHERE HELD	WHEN HELD All meetings commence at 2.30 p.m. unless otherwise stated	Medical Officer	Number of New Cases		Total Attendances				All Children	Total Number of Sessions	Average Attendance per Session	
				Children		Total	Children		Children			Mothers	
				Under one year	One to five years		Under one year	One to five years					
Horndean	Nash Memorial Hall	Second and Fourth Tuesdays	Dr. Ashworth	46	13	514	386	253	539	21	25	24	
Hurstbourne Priors	Village Hall	Second Tuesday	Dr. Simpson	3	4	87	53	64	117	11	10	8	
Itchen Abbas ...	Village Hall	Second Thursday	Dr. Hughes	19	5	170	87	112	199	11	18	15	
Kingsclere	Village Club	Fourth Thursday	Dr. Cockayne	10	20	344	114	280	394	11	36	31	
Kings Somborne ...	Village Hall	First and Third Tuesdays	Dr. Tate	19	15	371	156	320	476	22	21	17	
Kings Worthy ...	Jubilee Hall	First Thursday	Dr. Avery	23	19	176	87	112	199	11	18	16	
Lee-on-Solent ...	Lowry Hut	First and Third Tuesdays	Dr. Ashworth	34	10	285	214	144	358	24	15	12	
Leckford	The White House	Third Tuesdays	Dr. Simpson	6	3	115	29	110	139	11	12	10	
Liphook	Church Room	First and Third Tuesdays	*Dr. A. C. V. Gossett	28	5	470	292	218	510	22	23	21	
Liss	Bishearne Hut	Second and Fourth Fridays	*Dr. Corry	36	2	518	378	226	604	21	32	28	
Lockerley	Memorial Hall	Fourth Wednesday	Dr. Tate	10	2	143	47	121	168	10	16	14	
Longstock	Old Church School	Third Friday	Dr. Tate	9	4	154	68	125	193	11	17	14	
Longparish	Village Hall	Second Wednesday	Dr. Cockayne	14	4	243	96	225	321	11	29	22	

Lymington ...	...	Parish Hall	Every Friday	Dr. Ball	72	10	1762	808	1291	2099	14	52	44
Lyndhurst ...	...	Church Hall	First and Third Wednesdays	Dr. Campbell	24	5	416	219	264	483	22	22	19
Marchwood ...	...	Church Hall	First and Third Tuesdays	Dr. Druitt	23	5	499	208	392	600	22	27	22
Maybush ...	...	St. Peter's Institute	Second and Fourth Wednesdays	Dr. Tate	17	4	566	218	384	602	22	27	25
Micheldever ...	...	Northbrook Hall	Third Thursday	Dr. Cockayne	14	3	229	73	181	254	11	24	20
Milford-on-Sea ...	...	Church Hall	Fourth Thursday	Dr. Ball	27	9	261	117	200	317	12	26	21
Minstead ...	...	The Hut	Second Thursday	Dr. Campbell	9	3	93	48	69	117	11	10	8
Mottisfont ...	...	Village Club	Second and Fourth Tuesdays	Dr. Tate	3	3	167	43	173	216	21	10	8
Netley ...	...	Jubilee Hall	First and Third Wednesday	Dr. Hutchins	55	24	393	233	183	416	11	38	35
New Milton ...	...	The Church Hall	Second and Fourth Wednesdays (at 2 p.m.)	Dr. Ball	82	35	1123	605	746	1351	21	64	53
North Baddesley ...	...	Symes Memorial Hall	First and Third Fridays	Dr. Tate	22	14	264	186	247	433	21	20	13
North Waltham ...	...	British Legion Hall	Third Tuesday	Dr. Cockayne	8	4	141	74	144	218	11	19	12
Nursling ...	...	Parish Hall	Second and Fourth Tuesdays	Dr. Tate	15	3	341	189	241	430	21	20	16
Oakley ...	...	Village Hall	Fourth Wednesday	Dr. Cockayne	21	5	137	74	101	175	11	17	13
Odiham ...	...	The Hut, Dunleys Hill	Second and Fourth Fridays	Dr. Boyle	23	6	275	200	90	290	23	13	12
Overton ...	...	St. Mary's Hall	First and Third Fridays	Dr. Cockayne	40	18	769	365	641	1006	21	48	35

CENTRE	WHERE HELD	WHEN HELD All meetings commence at 2.30 p.m. unless otherwise stated	Medical Officer	Number of New Cases		Total Attendances			All Children	Total Number of Sessions	Average Attendance per Session		
				Under one year	Children One to five years	Total	Mothers	Children Under one year			Children One to five years	Children	Mothers
Over Wallop	Church Room	Fourth Wednesday	Dr. Simpson	12	10	128	47	106	153	11	14	11	
Pennington	Women's Institute	Second and Fourth Tuesdays	Dr. Druitt	27	9	318	162	193	355	21	17	15	
Petersfield	Ramshill	Every Wednesday	*Dr. R. Campbell- Cooke	104	22	1824	1240	762	2002	46	43	40	
Portchester	"The Cormorant," Castle Street	Every Thursday	*Dr. J. Pike	149	41	2266	1664	801	2465	46	53	49	
Preston Candover	Red Cross Hall, South Hall	Second Monday	Dr. Hunt	10	11	144	52	124	176	10	17	14	
Purbrook	Deverell Hall	First and Third Tuesdays	Dr. Ashworth	64	5	671	490	204	694	24	29	28	
Ringwood	Conway Hall	Second and Fourth Wednesdays	Dr. McNab	88	56	675	418	338	756	21	38	30	
Romsey	33 The Abbey	Every Thursday 9.30 a.m. & 2 p.m.	Dr. Tate	102	11	2426	1625	1113	2738	102	27	24	
Rowlands Castle	Parish Hall	Third Friday	Dr. Watson	19	—	273	94	220	314	12	26	22	
Sarisbury	British Legion Hall	Second and Fourth Mondays	Dr. Hutchins	30	11	292	161	177	238	21	15	14	
Selborne	Village Hall	Second Wednesday	Dr. Watson	9	8	129	36	111	147	11	13	12	
St. Marybourne	Parish Room	Second Thursday	Dr. Cockayne	16	13	316	152	259	411	11	37	29	
Shedfield	Chase Hut	Second and Fourth Wednesdays	Dr. Hutchins	28	2	508	275	285	560	23	25	22	

Sherfield-on-Loddon	Baptist Chapel	Second Thursday	Dr. Boyle	9	17	276	81	195	276	11	25	25
Soberton ...	Rookesbury Hall	Fourth Monday	Dr. Watson	8	—	126	48	86	134	11	12	11
Southwick ...	Home Guard Hut	Fourth Tuesday	*Dr. J. Kinnear	2	—	81	23	74	97	11	9	7
Sparsholt ...	Sparsholt Manor	First Monday	Dr. Avery	12	10	164	83	108	191	12	16	14
Stubbington ...	Reading Room	First and Third Thursdays	Dr. Ashworth	34	2	507	275	240	515	24	21	21
Sutton Scotney ...	Victoria Hall	Third Tuesday (2 p.m.)	*Dr. G. Edelsten	34	2	345	193	212	405	11	37	31
Swanmore ...	Parish Hall	Third Monday	Dr. Ashworth	4	5	178	68	100	168	11	15	13
Sway ...	Parish Hall	Second Tuesday	*Dr. D. K. Gaitskell	16	5	199	72	156	228	11	20	18
Tadley ...	Church Room	First Wednesday	Dr. Cockayne	24	12	300	118	219	337	11	30	27
Titchfield ...	Parish Hall	First and Third Mondays	Dr. Ashworth	35	23	475	252	311	563	23	24	20
Totton ...	C.C. Health Centre	Every Friday 10 a.m. & 2 p.m.	Dr. Campbell	174	42	3576	2556	1519	4075	92	44	38
Upper Clatford ...	The School	First Tuesday	Dr. Simpson	16	2	146	67	92	159	11	14	13
Upton Grey ...	Village Hall	Third Friday	Dr. Boyle	16	4	95	39	76	115	10	11	9
Waterlooville ...	St. George's Hall	Second, Fourth and Fifth Thursdays	Dr. Ashworth	36	5	593	397	243	640	24	24	23
West End ...	Church Hall	Second and Fourth Wednesdays	Dr. Avery	24	3	846	317	586	903	21	43	40
West Tytherley ...	King Edward's Hall	Third Wednesday	Dr. Tate	2	23	254	58	263	321	11	29	23

CENTRE	WHERE HELD	WHEN HELD All meetings commence at 2.30 p.m. unless otherwise stated	Medical Officer	Number of New Cases			Total Attendances			All Children	Total Number of Sessions	Average Attendance per Session	
				Under one year	One to five years	Children	Mothers	Under one year	Children One to five years			Children	Mothers
West Wellow	...	...	Dr. Tate	16	2		318	132	256	388	21	18	15
Whitchurch	...	...	Dr. Simpson	37	7		394	178	252	430	11	39	39
Whitehill	...	...	Dr. Watson	59	20		658	401	415	816	24	34	28
Wickham	...	...	*Dr. J. Kinnear	9	11		457	299	198	407	21	23	21
Woolton Hill	...	...	Dr. Simpson	22	12		278	134	225	359	11	33	25
Yateley	...	...	Dr. Avent	21	13		311	166	225	391	12	32	26
			TOTAL	5547	1605		82638	54855	41997	96852	2849	34	29

* General Practitioner.

B.—Children Separated from their Parents.

(a) Children in the Care of Foster Parents.

At the end of 1946 there were 345 children known to be in 165 foster homes in the County, the cases being distributed as follows:—

	<i>Total</i>
122 foster mothers had one foster child	122
18 „ „ „ two „ children	36
4 „ „ „ three „ „	12
4 „ „ „ four „ „	16
4 „ „ „ five „ „	20
1 „ „ „ six „ „	6
12 „ „ „ over six „ „	133
165	345

The 17 homes where there are five or more children, were registered as residential nurseries, run for profit.

One foster child died in a foster home during 1946 but no inquest or post mortem was held.

In addition to these there were, at the end of 1946, 42 boarding schools and voluntary children's homes in the County, the total number of children in these homes and schools being 503.

The voluntary homes are two homes established by Dr. Barnardo's Association, two homes maintained by the National Children's Homes and Orphanage Association and one provided by the Church of England Children's Association. There was a total of 150 children under nine years of age in these five homes. These homes and boarding schools are inspected periodically by one of the Assistant County Medical Officers.

The supervision of children on behalf of the County Education Officer and Public Assistance Officer was continued.

During the past year, in order to assist in the registration of suitable foster parents, we have continued to send details of persons recommended to the Public Assistance Officer so that any information he had from the Boarding-out Committees as a result of local knowledge, should be available to the Child Life Protection Visitors.

(b) Adoption of Children.

The following summary shows the action taken during 1946.

- Where arrangements made other than through Adoption Society or County Council 133 cases

Sub-divided as follows:—

Through private arrangements with parents, etc.	112
Foster parents adopting foster children	14
Arranged through Portsmouth Health Dept.	3
Arranged through Southampton Education Department	4
	133
Adoption Orders made in	99 cases
Under supervision at end of year	30 „
Removed out of County with adopters	4 „
	133

In 22 of the above mentioned cases a Third Party was interested, involving 17 people acting as a Third Party.

Adoption Order made in	17 of these cases
Under supervision	5 cases
	—
	22
	—

2. Where arrangements made through Registered Adoption Society 41

Sub-divided as follows :—

Church of England Children's Society	9
National Adoption Society, London	14
National Adoption Society, Bath	2
Homeless Children's Aid Adoption Society	2
National Children's Adoption Society, Knightsbridge	6
Church Adoption Society, Bloomsbury	2
Portsmouth Diocesan Adoption Society	4
National Children's Home, Highbury	1
Father Hudson's Adoption Society, Birmingham	1
	—
	41

Adoption Order made in	27 cases
Under supervision at end of year	14
	—
	41
	—

3. Cases where Public Health Department introduced interested parties 10

Order made in	7 cases
Under supervision at end of year	1
To adoption out of County	2
	—
	10
	—

4. In 12 cases it was reported that a child was going to adopters out of the County Area and a special report as to suitability of the home offered was obtained from Local Authority concerned before the child was transferred.

Residential Nurseries.

(1) *Long-stay Nurseries.*

The following Residential Nurseries have been closed during the year. Children who were unable to return to their homes were transferred to other Nurseries in the County at the request of the Ministry of Health or to Nurseries in other Counties administered by the Voluntary Society concerned :—

Adbury House, Burghelere (Church of England Children's Society)	Closed February, 1946
Buriton House, Petersfield (Save the Children Fund)	„ „ „
Edrington, Silchester (Hampstead and St. Pancras Day Nursery)	„ March, „
Remaining children transferred to Paddington and Hawley Hill House Nurseries.	
Woodside Nursery, Liphook	Closed September, 1946
Remaining children transferred to Hawley Hill House, Blackwater.	

At the end of 1946 there were only two Residential Nurseries open :—

Paddington Nursery, Boldre Grange, Lymington.	34 places including eight children under one year of age. Places occupied 31.12.46—28, being 11 Ministry of Health and 17 Public Assistance Committee.
Hawley Hill House, Blackwater.	40 places aged 2-5 years. Places occupied 31.12.46—28, being 15 Ministry of Health and 13 Public Assistance Committee.

During the year 80 children were discharged from the Nurseries :—

- 52 returned to the care of their parents.
- 4 transferred to billets.
- 7 to adopters or proposed adopters.
- 17 to other Nurseries, Nursery Leavers' Hostels, other Institutions.

(2) *Milesdown Short-stay Nursery, Winchester.*

During 1946, 124 children were admitted, the average length of stay being 36.169 days. The longest stay was 234 days and the shortest stay one day. Of these 124 children

- 101 were admitted under the authority of Public Health Committee.
- 18 on the request of the Public Assistance Officer.
- 3 " " " " " Winchester City Council.
- 2 " " " " " Aldershot Borough Council.

Reasons for Admission.

- | | |
|---|----|
| (1) Confinement of mothers (enabling a number of mothers to have their confinements at home) | 65 |
| (2) Illness of mothers | 46 |
| (3) Awaiting transfer to other Institutions or being cared for at the request of the Public Assistance Officer | 12 |
| (4) One premature baby whose mother died, was admitted at the age of 12 days. On admission she weighed 4 lbs. 6 ozs. and on discharge at the end of 12 weeks her weight was 9 lbs. 3 ozs. This child is now reported to be a normal healthy baby. | 1 |

One case of whooping cough occurred during the year, the child being transferred to the Isolation Hospital. No further cases occurred.

One case of chicken pox was reported on the 30th December and as the child could not be admitted to Hospital he was isolated in the Nursery. Two further cases occurred. This Nursery was not closed to admissions, but parents who had booked accommodation for their children were informed.

It is interesting to note that a number of applications are being received for admission of children who have previously been accommodated in the Nursery, some children having paid as many as three visits. In most cases the number of children to be accommodated in each family increases with each visit.

(3) *Day Nurseries.*

As from the 1st April, 1946, the responsibility for these Nurseries passed from the Ministry of Health to the County Council. The 100% Ministry of Health grant ceased on the 31st March, 1946, and was replaced by a 53% grant. It was decided that the 12 Wartime Nurseries open at that time should be continued as Day Nurseries under the Maternity and Child Welfare Authority pending completion of the Education Committee's development plans providing for Nursery Schools and Classes.

The Wartime Nursery at Totton was closed on the 31st March. A Nursery Class was opened in Totton School under the County Education Committee.

The policy as to continuance of these Day Nurseries, their substitution by Nursery Schools or Classes, or their supplementation by these means or by further Nurseries, depends on the local conditions of employment, which will vary and to some extent depend on the local industries, but will also depend on the need for mothers to earn a livelihood and their ability to house and feed their children at home.

In order to gain some knowledge on these points the reasons for mothers sending their children to Nurseries were ascertained from the Matrons.

The present accommodation only allows children whose mothers are working to be admitted to the Day Nurseries, except for certain cases admitted on compassionate grounds owing to the illness of the mother.

The charge for attendance in the Day Nurseries has been increased from 1/- to 1/6 a day when the child is present for breakfast, dinner and tea, and in certain cases where the parents felt they were unable to afford the increased charge and attendance at the Nursery was necessary, consideration was given to applications for reduced charges, the County Council necessitous scale being applied. There have been very few applications.

Owing to the different conditions now prevailing in industry, it has been found possible to change the hours of opening from 7 a.m. to 7 p.m. to 8.30 a.m. to 5.30 p.m. without causing inconvenience to the mothers. This alteration in the hours has been made as it has been found that it is not in the children's interest that they should spend such long hours in the Nursery and attend so early in the morning.

C.—Babies Subject to Special Risks.

1. ILLEGITIMATE BABIES.

The number of these born alive in the Administrative County in 1946 was 956 as compared with 1,188 in 1945, and the number of illegitimate live and stillbirths per 1,000 total live and stillbirths in the County was 85, as compared with 122.

No progress has been made in the provision of hostels where unmarried mothers can look after their babies for some months, meanwhile having some training in mothercraft. This stay in a hostel it is considered would help in tiding over a hazardous period during which difficulties in connection with future livelihood and residence can be solved. Pending the establishment of these hostels it has been agreed to help financially in respect of training given to girls maintained in Diocesan shelters.

During the year 1946 the Maternity Home for Unmarried Mothers at Grayshott admitted 101 patients for confinement there; 66 women were admitted to a similar Home at "The Haven," Vigo Lane, Yateley; and the Diocesan Nursing Home, Winchester, dealt with 20 cases.

During the year payment was made towards the fees of foster mothers caring for illegitimate babies in sixteen cases. In 14 cases the babies were placed with foster mothers in the County area and in the remaining two instances they were with foster mothers in Portsmouth. In all cases the mother of the baby was resident in the County area.

At the close of the year we had a special record of 683 illegitimate children born in the County during the year. Of these 351 were still with their mothers, 42 were with foster mothers, 118 had been placed with adopters or gone to a Registered Adoption Society, eight were with the grandmother or other relative, living apart from their mother, 149 had left the County and 20 babies had died.

Grants have been given to assist those mothers who wished to keep their illegitimate children in their own care, and because they were breast feeding the baby or for some other exceptional circumstances were not able to take work sufficiently remunerative to support themselves and the child.

Grants totalling £300 19s. 6d. were made by the County Council from 1st July to 31st December in 23 cases. At the close of the year nine such cases were receiving such help to a total amount of £9 0s. 0d. per week.

Sick Babies.

During the year 1946 arrangements were made for the admission of ten children to hospitals and Children's Hostels, the total cost to the Health Committee being £174 6s. 2d.

There is also a scheme for the admission of ailing babies or of children under two years of age in need of special care for a while because of unsatisfactory home conditions, to the British Red Cross Society Nursery at the Brooklyn Babies' Home, Christchurch, where two cots are reserved for County Council cases. During 1946 payment of 20s. 0d. per week per cot was made and four children were admitted for a total of $65\frac{1}{2}$ weeks maintenance in the Babies' Home.

2. PREMATURE BABIES.

The immediate survival of these infants is summarized in the following table :

Weight Group	No of Babies born alive	No. of Babies who Died during :											No. surviving at end of 4th week	Percentage of Survival
		1st day	2nd day	3rd day	4th day	5th day	6th day	7th day	2nd week	3rd week	4th week	Total		
Under 2 lbs.	6	5	—	1	—	—	—	—	—	—	—	6	—	0
Over 2 lbs. & under $2\frac{1}{2}$ lbs. ...	9	6	—	2	—	—	—	—	—	—	—	8	1	11
„ $2\frac{1}{2}$ lbs. „ 3 lbs. ...	11	6	—	2	—	—	—	—	—	—	—	8	3	27
„ 3 lbs. „ $3\frac{1}{2}$ lbs. ...	18	5	2	3	—	—	—	—	—	—	—	10	8	44
„ $3\frac{1}{2}$ lbs. „ 4 lbs. ...	20	2	2	—	1	—	—	2	1	—	—	8	12	60
„ 4 lbs. „ $4\frac{1}{2}$ lbs. ...	37	1	2	1	1	—	—	—	1	1	1	8	29	78
„ $4\frac{1}{2}$ lbs. „ 5 lbs. ...	57	1	2	—	1	—	1	—	—	—	—	5	52	91
„ 5 lbs. „ $5\frac{1}{2}$ lbs. ...	194	2	2	1	2	—	—	—	2	1	1	11	183	94
Not weighed but under $5\frac{1}{2}$ lbs.	8	4	—	—	1	1	—	—	1	1	—	8	—	0
Total	360	32	10	10	6	1	1	2	5	3	2	72	288	80

The survival rate for babies born at home and nursed there, born in Maternity Homes or Hospitals or transferred to Hospitals, is shown in the following Table :—

Birth Weight	(1)		(2)		(3)		(4)		(5)		(6)		(7) (Total of Cols. 3—6)		(8)	
	Born and Nursed at home		Born at home and transferred to hospital within 4 weeks		Born in County Council Maternity Homes		Born in Private Nursing Homes		Born in Public Assistance Insti- tutions		Born in Hospitals		Born and kept in Nursing and Maternity Homes, and Hospitals		Total Number	Percentage of survival at end of 1 month
	Number	% of survival at end of 1 month	Number	% of survival at end of 1 month	Number	% of survival at end of 1 month	Number	% of survival at end of 1 month	Number	% of survival at end of 1 month	Number	% of survival at end of 1 month	Number	% of survival at end of 1 month		
	—	%	—	%	*3	66.6	—	%	—	%	—	%	3	66.6	3	66.6
Under 2 lbs. ...	5	0	1	0	—	—	—	—	—	—	—	—	—	—	6	0
2 —2½ lbs. ...	2	0	3	33.3	—	—	2	50	—	—	3	0	5	20	10	20
2½—3 lbs. ...	1	0	3	0	2	0	2	50	—	—	1	0	5	20	9	11
3 —3½ lbs. ...	10	40	3	66.6	1	100	2	50	—	—	2	0	5	40	18	44.4
3½—4 lbs. ...	8	62	4	50	2	100	5	40	—	—	1	100	8	62.5	20	60
4 —4½ lbs. ...	15	66.6	2	0	6	100	9	88.8	1	100	4	100	20	95	37	78
4½—5 lbs. ...	33	91	2	50	4	100	12	91.6	—	—	6	100	22	95.45	57	91
5 —5½ lbs. ...	111	98.2	8	50	21	100	36	91.6	—	—	16	93.7	73	94.5	194	94
Not weighed but under 5½ lbs.	3	0	4	0	—	—	—	—	—	—	1	0	1	0	8	0
TOTAL ...	188	84	30	33.3	39	92.4	68	83.8	1	100	34	76.5	142	84.5	360	80

*Born at home and later admitted to C.C. Home.

INFANTILE MORTALITY.

The number of children dying under the age of twelve months during 1946 was 17 in Aldershot, 19 in Winchester and 157 in other Urban Districts. In all Rural Districts the number was 135.

The deaths in the County, 328, give an infantile mortality rate of 29.3, a remarkably low figure; the corresponding rates for Aldershot, Winchester, other Urban Districts combined and combined Rural Districts were respectively, 28.1, 38.0, 28.8 and 29.2, so that the Infantile Mortality Rate for the area for which the County Council is the Welfare Authority was 29.0, a record low figure.

Over the County as a whole the causes of death as given by the Registrar General were as follows :—

Cause of Death as given by Registrar General	Number of Deaths 1946 Male and Female	Infantile Mortality Rate 1946 Male and Female
Congenital malformations, birth injury, etc. (32)	119	10.6
Premature birth (31)	112	10.0
Respiratory conditions (21, 22, 23)	44	3.9
Diarrhoea (25)	18	1.6
Infectious Diseases (1—12 incl.)	12	1.1
Other recorded causes	10	1.0
All other causes	13	1.1
TOTAL	328	29.3

This Table shows that the reduction of deaths chiefly concerned deaths from respiratory and diarrhoea conditions, a total of 62 babies dying from these causes in 1946 as against 118 in 1945.

Of all deaths in 1946, *i.e.*, 6,152, the numbers of deaths under one year of age or 328, formed only 5.3 per cent.

Neonatal Mortality.

The number of babies dying under the age of one month in 1946 as reported by the Registrars of Births and Deaths was 169. These can be subdivided in the following way :—

Dying before 24 hours	...	...	...	...	70
„ from one day to two weeks	...	...	...	...	81
„ „ two weeks to one month	...	...	...	...	18

The causes of death as certified vary according to the age at death in the following manner :—

Cause	Age at Death			
	Under 24 hrs.	1 day to 2 weeks	2 weeks to 1 month	Total
Prematurity	41	36	3	80
Congenital Deformities	14	14	4	32
Cerebral Haemorrhage	5	9	0	14
Inanition, marasmus, etc.	2	6	1	9
Bronchitis, Broncho-pneumonia	0	5	4	9
Erythroblastosis, Icterus	1	5	1	7
Atelectasis	3	0	2	5
Convulsions	0	3	0	3
Asphyxia Neonatorum	2	0	0	2
Other Causes	2	3	3	8
TOTAL	70	81	18	169

The remarks made in my report for last year concerning the number of deaths attributed to prematurity apply to this year's figures.

The mortality calculated on the number of live births registered in the County is as follows :—

Under 24 hours	...	...	...	...	6.3
One day to two weeks	...	...	...	...	7.2
Two weeks to one month	...	...	...	...	1.6
Total under one month	...	...	...	...	15.1
Total under 12 months	...	...	...	...	29.3

From this it is seen that over half the number of infants who die before they attain the age of 12 months, die under one month old, and in about three-quarters the cause of death is prematurity, congenital deformities or cerebral haemorrhage.

Stillbirths.

The following Table shows the trend of stillbirths in the Administrative County since 1940.

Year	1940	1941	1942	1943	1944	1945	1946
Number of stillbirths ...	280	288	262	276	263	253	291
Proportion of still to 100 live births	3.3	3.1	2.7	2.9	2.5	2.6	2.6
Stillbirth rate, <i>i.e.</i> number of stillbirths per 1,000 of the population	0.54	0.54	0.49	0.53	0.51	0.49	0.54

MATERNAL WELFARE.

(A) MEDICAL SUPERVISION OF EXPECTANT MOTHERS.

During 1946 4,064 mothers attended clinics provided by the County Council for medical ante-natal examination, of whom 307 also attended for post-natal examination. Under the Council's arrangements for examinations elsewhere than at clinics, 1,094 were seen ante-natally, of whom 676 were also seen post-natally. In addition 216 attended clinics run by Voluntary Associations situated in the area of another Welfare Authority, of whom seven attended post-natally and 154 attended ante-natally at clinics provided by other Authorities.

In all, 5,528 women living in the area of the Welfare Authority received medical ante-natal care in 1946.

In 1946 the number of women attended by midwives acting as such was 5,951 and it would be, I think, correct to state that of these 5,528 received medical ante-natal care or 82.8 per cent since women who have booked a doctor for the confinement are not eligible for ante-natal examinations under the Council's arrangements. This proportion compares favourably with the 69.3 per cent in 1945.

The following Clinics were operating in the area of the Welfare Authority in 1946 :—

<i>Clinic</i>	<i>Place of Meeting</i>	<i>Day of month when held at 2 p.m.</i>	<i>Medical Officer in charge during 1946</i>
Alresford ...	Methodist Church Hall	1st, 3rd and 4th Mondays	*A. M. Hughes
Alton ...	Inwood Cottage Hospital Out-Patient Department	2nd and 4th Tuesdays 1st and 3rd Thursdays	H. Yates W. S. Lareombe H. Lareombe
Andover ...	C.C. Health Centre, 70 Junction Road	2nd and 4th Mondays 1st and 3rd Mondays	A. B. Simmons M. F. Hope
Basingstoke ...	C.C. Health Centre, Garth House, Castons Road	Every Wednesday 3rd Thursday 3rd Tuesday	H. K. Williams *H. M. P. Hunt *H. M. P. Hunt
Christchurch ...	C.C. Health Centre, Millhams Street	1st Wednesday 3rd Wednesday 4th Wednesday	N. S. Deane M. Mitchell G. N. Brooks
Cove ...	Labour Hall	1st and 3rd Monday	*S. Boyle
Eastleigh ...	C.C. Health Centre, Chamberlayne Road	1st Monday 3rd Monday 2nd, 4th and 5th Mondays	L. E. Green S. J. Golden A. G. Proverbs
Fareham ...	Methodist Hall, Kings Road	2nd, 3rd and 4th Mondays	P. J. Filose
Farnborough ...	St. Mark's Club Rooms	1st, 2nd and 3rd Thursdays	J. M. Forsyth
Fleet ...	Church Institute	2nd and 4th Tuesdays	L. W. B. Dobbin
Gosport ...	War Memorial Hospital Out-Patients Dept.	1st Thursday 2nd Thursday 3rd Thursday 4th Thursday	N. W. Berry and M. R. Behrendt B. Johnson N. L. Russell C. N. Suter and S. Fuller
Hamble ...	Village Memorial Hall	4th Thursday	J. Clayre
Hartley Wintney	Edward Memorial Hall	3rd Tuesday	R. H. Scott
Havant ...	C.C. Health Centre, Park Way	1st Monday 2nd Monday 4th Monday	E. M. McDowall M. S. Dewhurst A. D. Newsholme
Hayling ...	Lindisfarne, Beach Road, South Hayling	1st Friday	D. H. Brenan (opened Sept. 1946)
Liphook ...	Church Room	3rd Thursday	*P. Watson
Liss ...	British Legion Hall	1st Wednesday	H. B. Corry

<i>Clinic</i>	<i>Place of Meeting</i>	<i>Day of month when held at 2 p.m.</i>	<i>Medical Officer in charge during 1946</i>
Lymington	... Parish Hall	2nd Wednesday 3rd Wednesday 4th Wednesday	H. L. Hodgkinson B. M. Thornton G. H. Pitt
Petersfield	... Ramshill	1st Tuesday 3rd Tuesday	R. C. Cooke C. J. Ormerod
Portchester	... The Cormorant	1st, 2nd, 3rd and 4th Wednesdays	J. E. Pike
Ringwood	... Conway Hall	1st Monday	J. C. Kitchin
Sarisbury	... British Legion Hall	2nd Tuesday	D. A. Windemer
Totton ...	... C.C. Health Centre, Rumbridge Street	1st, 2nd and 3rd Mondays	G. Habgood
West End	... Church Hall	1st Tuesday	H. E. Bamber
Whitehill	... Men's Club	1st and 3rd Mondays 9.30 a.m. and 2 p.m.	*P. Watson

* Assistant County Medical Officer.

Blood Tests.

The following Tables show the results of examination of blood samples taken from expectant mothers attending Ante-Natal Clinics :—

Ante-Natal Blood Counts, 1946.

Haemoglobin	Under 40%	40% to 50%	50% to 58%	58% to 75%	Over 75%
No. of Cases	5	9	23	410	293
Percentage	0.6%	1.2%	2.8%	55.4%	40%

Red Cells	Less than 3,000,000	3,000,000 to 3,500,000	3,500,000 to 4,000,000	4,000,000 to 4,500,000	Over 4,500,000
No. of Cases	5	32	104	300	179
Percentage	0.8%	5.1%	16.7%	48.4%	29%

Tablets of Ferrous Sulphate are distributed at the Clinics and sold at cost price on the Medical Officers' advice. During 1946 18,726 tablets were so sold.

Examination for Wassermann Reaction.

	1946	1945
Samples of blood examined	1,936	1,289
Number found positive	16	6
Percentage of samples found positive ...	0.83	0.5

In addition, five other women were diagnosed to be suffering from syphilis during pregnancy.

Details with regard to the treatment, etc., are as follows :—

Case No.	Date of Specimen	Date of commencement of Treatment	Baby Born	Post-natal attendance at V.D. Clinic	State of Baby
27	15.1.46	30.1.46	27.3.46	Yes	April 46. W.R. -ve 15.10.46 Satisfactory progress
28	22.1.46	12.2.46	25.1.46	Yes	12.2.46 W.R. +ve 28.5.46 Attending for treatment 28.6.46 Satisfactory progress
29	6.2.46	Feb. 1946	8.4.46	Yes	17.6.46 W.R. -ve
30	20.3.46	13.4.46	15.7.46	No Refused	2.1.47 Baby reported satisfactory W.R. not done
31	25.3.46	9.4.46	4.7.46	Yes	28.8.46 W.R. -ve 14.10.46 Satisfactory progress
33	16.4.46 8.5.46	20.5.46	27.6.46	Yes	5.7.46 W.R. -ve 6.10.46 Satisfactory progress
34	20.2.46	March, 1946	13.5.46 (Twin)	Yes	May, 1946 W.R. -ve Nov., 1946 W.R. -ve 21.5.47 Both babies healthy Condition good
35	20.5.46	12.7.46	15.1.47	Yes	22.1.47 W.R. -ve 4.3.47 Baby not thriving well
36	17.6.46	16.7.46	27.8.46	Yes	20.12.46 and 14.3.47 M.O. at V.D. Clinic reports no evidence of congenital syphilitic infection
37	25.6.46	17.7.46	26.10.46	Yes	30.4.47 Baby thriving 7.5.47 W.R. -ve
38	9.7.46	31.7.46	28.11.46	Yes	19.3.47 W.R. -ve
39	10.7.46	24.7.46	5.2.47	Yes	22.3.47 W.R. -ve, but to be given course of treatment. Baby very feeble
40	2.10.46	14.10.46	22.2.47	Yes	21.4.47 M.O. at V.D. Clinic reports conditions satisfactory. W.R. to be taken in July, 1947
41	1.10.46	8.10.46	5.12.46	Yes	17.1.47 W.R. +ve Under treatment
42	17.12.46	5.4.47	4.5.47	Yes	W.R. not yet carried out
0.4		No A.N. Treatment	3.1.46	Yes	16.7.46 M.O. at V.D. Clinic reports satisfactory progress 17.6.46 and 8.11.46 W.R. +ve 17.1.47 and 18.4.47 W.R. -ve

Case No.	Date of Specimen	Date of commencement of Treatment	Baby Born	Post-natal attendance at V.D. Clinic	State of Baby
0.7		April, 1946	30.9.46	Yes	Nov., 1946 W.R. -ve 6.12.46 W.R. +ve. Died Jan., 1947
0.8		4.3.46	8.6.46	Yes	10.7.46 W.R. -ve 4.12.47 W.R. -ve
0.9	11.6.46	June, 1946	11.8.46	Yes	Nov., 1946 W.R. -ve
0.13		Nov., 1946	14.12.46	Yes	8.1.47 W.R. -ve

As far as possible the children of mothers who are known to have suffered from syphilis during pregnancy are followed up to ensure that early diagnosis and treatment is obtained.

The following is a summary of the cases remaining in the County area :—

No.	Date of Birth	Wassermann Reaction	Remarks
15	27.9.44	29.4.45 -ve	10.10.46 H.V. reports fine child
16	13.5.45	June, 1945 -ve	5.12.46 H.V. reports doing well
17	12.8.45	13.2.47 -ve	17. 2.47 In P.A.I. M.O. reports no signs of congenital syphilis
23	2.5.45	6.5.47 -ve	Attended Special Clinic in May, 1947 after much persuasion. No evidence of syphilitic infection
24	5.12.45	17. 9.46 -ve	8.12.46 H.V. reports healthy child
25	19.11.45	16.1.46 +ve 3.4.46 -ve 21.10.46 -ve	16.1.47 H.V. reports child very well, stands alone
26	25.3.46	Not yet	8.5.46 Appears healthy. Condition good

B. DOMICILIARY MIDWIFERY.

The County Nursing Association was responsible through its whole-time midwives and through the District Nurse Midwives employed by District Nursing Associations for attending in their own homes 4,008 women as midwives, and 1,067 as maternity nurses. In addition, women attended by nurses employed by other Welfare Councils under arrangements made with the Local Supervising Authority and by nurses in private practice numbered 392 and 693 respectively where the nurses acted as midwife, and 55 and 1,106 where she acted as maternity nurse. For domiciliary cases medical aid was sought in 2,108 cases which is a considerably smaller proportion than in 1945.

During 1946 there were 31 midwives employed by the County Nursing Association or District Nursing Associations who held the certificate enabling them to give gas and air analgesia and this was administered in 265 cases.

As it is most desirable for midwives to be trained in the use of gas and air analgesia, arrangements were made for 21 midwives to attend residential courses during 1946. These were held at :—

St. Mary's Hospital, Portsmouth	...	...	...	13
Woking Maternity Home, Woking	...	...	...	1
Royal Northern Hospital, Holloway, London	...	...	...	3
Redhill County Hospital, Redhill	...	...	...	4

All midwives obtained the necessary Certificate of Proficiency.

Sterilized maternity outfits were supplied to the number of 1,129 at midwives' requests.

C. LECTURES TO MIDWIVES.

During 1946 arrangements were made by the Southampton Branch of the College of Midwives for lectures to be given at The Castle, Winchester. Four lectures were given, the subjects being (1) Sterility, (2) Blood Transfusion in Obstetrics, (3) Some Aspects of Puerperal Infection, and (4) Eyes of the Newly Born.

D. DOMESTIC AND HOME HELP SCHEMES.

Details of the operation of the Domestic and Home Help Schemes in the County area are as follows :—

Gosport.

This scheme commenced in June, 1945, and from the 27th June, 1945, to the 14th May, 1947, 500 cases have been assisted, *e.g.*, maternity cases 216, other than maternity cases 284. Since the commencement of the scheme the domestic helpers have worked 130,929 hours; £9,819 14s. 3d. has been paid in wages and £2,085 8s. 8d. has been collected from cases assisted. There are at present 62 helpers employed and there are 64 outstanding applications for help at approaching confinements.

Eastleigh.

This scheme commenced in May, 1945, and since its inception 220 cases have been assisted, *e.g.*, maternity cases 78, other than maternity cases 142. From the 10th May, 1945, to the 31st May, 1947, £3,700 11s. 8d. was paid in wages and £1,072 10s. 8d. collected from cases assisted. There are at present 22 whole-time and seven part-time helpers employed.

Farnborough.

A scheme was inaugurated in the Farnborough area in January, 1947, and to date 41 cases have received assistance, *e.g.*, maternity cases 14, other than maternity cases 27. During the period January to March, 1947, £62 11s. 6d. was paid in wages and £31 16s. 0d. was collected from cases assisted.

Fareham.

This scheme commenced in April, 1947.

E. INSTITUTIONAL ACCOMMODATION FOR MATERNITY PATIENTS.

The situation with regard to the provision of beds was as follows in January, 1947.

Accommodation available :—

						Beds
Basingstoke—The Shrubbery	...	...	...	...	...	10
Farnborough—Farley House	...	...	...	...	...	12
Gosport—The Blake Maternity Home	...	...	...	...	...	13
Liss—The Grange	...	...	...	...	...	10
Lyndhurst—Hill Rise	...	...	...	...	...	9
New Milton—The Grove	...	...	...	...	...	16
				Total	...	70

Accommodation in process of being provided :—

						Beds
Alton Infirmary	...	...	...	...	...	10
Eastleigh—Rookwood	...	...	...	...	...	11
Emsworth—Northlands	...	...	...	...	...	10
Fareham—Blackbrook	...	...	...	...	...	20
Gosport—The Blake Maternity Home	...	...	...	...	...	11
Winchester—Royal Hants County Hospital	...	...	...	...	...	14
				Total	...	76

Accommodation under consideration :—

	Beds
Andover—Weyhill	10
Basingstoke (The Shrubbery (additional)	10
Total ...	<u>20</u>

There have been the following changes in the Maternity Accommodation provided :—

The Emergency Maternity Home, Collyers, Steep, closed on the 31st March, 1946. In all 973 women were admitted; 915 babies were born alive; 10 stillbirths; 13 neo-natal deaths and one maternal death.

The Emergency Maternity Home, Langtons, Alresford, closed on the 15th October 1946. In all 1,310 women were admitted; 1,188 babies were born alive; 14 stillbirths and seven neo-natal deaths. There were no maternal deaths.

The Blake Maternity Home, Gosport, admitted the first patient on the 6th May, 1946.

The Grange, Liss, admitted the first patient on the 12th July, 1946.

The Shrubbery, Basingstoke, admitted the first patient on the 17th November, 1946.

The County Council Maternity Home, Bereweek Road, Winchester, closed in May, 1946. In all 1,089 women were admitted; 997 babies were born alive; 15 stillbirths; nine neo-natal deaths and one maternal death.

(1) *Normal Cases.*

858 women whose confinements were expected to be normal but for other reasons required institutional provision were admitted as follows :—

<i>Name of Institution</i>	<i>No. of Patients</i>
Andover War Memorial Hospital	1
C.C. Maternity Home, Barton-on-Sea	219
C.C. Maternity Home, Basingstoke	15
Basing P.A.I.	5
Farnborough Maternity Unit	60
Fordingbridge Cottage Hospital	12
C.C. Maternity Home, Gosport	187
C.C. Maternity Home, Liss	69
C.C. Maternity Home, Lyndhurst	125
Lymington P.A.I.	4
Newbury Emergency Hospital	1
St. Mary's Hospital, Portsmouth	6
Salisbury General Infirmary	33
Brackenlea Nursing Home, Shawford	1
Southampton Borough Hospital	2
C.C. Maternity Home, Winchester	41
Winchester P.A.I.	68
Winchester Royal Hants County Hospital	1
Winchfield P.A.I.	8

Of these women four were transferred to hospital before the commencement of labour, seven during labour, and five after the birth had taken place.

270 medical aid forms were issued.

797 babies were born alive and 21 stillborn.

(2) Complicated Cases.

688 women whose confinements were expected to be complicated or those where an emergency arose were admitted to Hospital beds as shown below :—

<i>Hospital</i>	<i>Anticipated</i>	<i>Emergency complications</i>	<i>Total</i>
Aldershot Maternity Unit	37	10	47
Andover W.M. Hospital	2	5	7
Boscombe R.V. Hospital	9	2	11
Farnborough W.M. Hospital	—	1	1
Farnham County Hospital	2	4	6
Hythe Cottage Hospital	—	1	1
Lymington and District Hospital	—	2	2
Park Prewett Hospital	—	1	1
Portsmouth St. Mary's	70	162	232
Reading Royal Berks	1	29	30
Salisbury General Infirmary	3	8	11
Southampton Borough Hospital	—	9	9
Winchester R.H.C.H.	121	209	330

Where women need nursing in an Institution because of some septic or possibly infectious condition they are admitted to one of the following Institutions, which dealt with cases as shown below during 1946 :—

<i>Institution</i>	<i>Pyelitis</i>	<i>Puerperal Sepsis Full time Confinement</i>	<i>Puerperal Sepsis Abortion</i>	<i>Puerperal Pyrexia Cause Unknown</i>	<i>Skin Conditions of Mother or Child</i>	<i>Miscariage Without Sepsis</i>	<i>Other Conditions</i>	<i>Total</i>
Portsmouth I.D. Hospital	1	5	—	1	—	—	2	9
Portsmouth St. Mary's Hospital	—	—	2	—	—	—	—	2
Royal Berks Hospital	—	1	—	1	—	—	—	2
Southampton Borough Hospital	—	—	—	2	—	—	1	3
St. Paul's Hospital, Winchester	—	5	4	4	2	1	1	17

Emergency Maternity Homes.

Two hundred and fifty-eight (582) patients were admitted to the Emergency Maternity Homes conducted on behalf of the Ministry of Health as follows :—

Collyers 18 (153), Langtons 240 (315), Shawford Park : Closed (114)

Two hundred and forty-five of these cases were local women, the remainder came from London.

Numbers in brackets refer to 1945.

Transfusion Fluids and Apparatus.

A supply of plasma is kept at all the Maternity Homes. Whole blood and the services of the Pathologist to give the transfusion, if necessary, were available from the Royal Hants County Hospital, Winchester, for :—

C.C. Maternity Home, Basingstoke

Langtons Emergency Maternity Home, Alresford (closed October)

C.C. Maternity Home, Winchester (closed May)

from St. Mary's Hospital, Portsmouth, for :—

Collyers Maternity Home (closed March)

C.C. Maternity Home, Gosport

C.C. Maternity Home, Liss

from the Blood Bank at Lymington, for :—

C.C. Maternity Home, Lyndhurst

and available through Consultants at Boscombe Hospital for :—

C.C. Maternity Home, Barton-on-Sea.

Private Nursing Homes.

During the year 13 new Nursing Homes were registered, having accommodation for 59 beds, of which 40 were approved for maternity cases.

Eleven Homes were closed during the year.

At the end of the year 1946 there were 64 Homes, including Aldershot and Winchester, on the register, having a total accommodation for 472 beds, of which 158 were for maternity cases.

3,074 patients were admitted to private Nursing Homes during the year, including 2,015 maternity cases.

MATERNAL MORTALITY.

During 1946, 23 women whose homes were in the Administrative County died as a result of conditions connected with pregnancy. This gives a maternal mortality rate of 2.09 per 1,000 total births, live and still, compared with 1.79 for England and Wales, and 1.39 for this County in 1945.

The determining causes of death of the 23 women whose homes were in the Administrative County appears to be as follows:—

TOXAEMIA	10
Eclampsia	3
Other toxæmic conditions	7
PULMONARY EMBOLISM	1
OBSTETRIC SHOCK	5
POST-PARTUM HAEMORRHAGE	6
PUERPERAL SEPSIS	1

Of the 23 deaths, three occurred at the woman's home, and the remaining 14 in Hospitals in the Administrative County or adjoining County Borough Hospitals and six in Nursing Homes in the County.

Enquiries were made and reports furnished to the Ministry of Health in respect of 18 of the 23 deaths attributed by the Registrar General to this County.

One further death was included in the Registrar's return as a death as a result of conditions connected with pregnancy but the cause was intestinal obstruction caused by caesarian operation 30 years previously and so this case has been excluded from consideration here.

Of the women who died from eclampsia, the deaths of two were investigated. In each case the pregnancy was a first one and adequate care had been given by the midwife ante-natally, and no signs of toxæmia were present until an eclamptic fit occurred. Admission to Hospital was immediately arranged but the women died within 24 hours undelivered.

Of the seven other deaths where toxæmia was a factor, investigations were made in six. The sequence of events was as follows

- (1) Oedema of legs noticed at 35 weeks, admitted to Hospital, discharged improved after one week but had to be re-admitted within five days for acute recurrence of oedema. Premature labour started next day and in spite of treatment the patient died seven days later. This was a first pregnancy.
- (2), (3) and (4). Each of these cases was a first pregnancy and in each slight signs of toxæmia such as albuminuria or oedema of the feet had been noted by a doctor before labour started and appropriate action taken and women admitted to Hospital or Maternity Home. In each case post partum hæmorrhage occurred with placenta unduly adherent. Blood transfusion and all other recognised treatment was given.
- (5) A third pregnancy, hyperemesis as with first two. Would not enter hospital so induction was performed at home. On third day after delivery of premature baby shock developed and no treatment was of any avail.
- (6) A seventh pregnancy. No midwife called in until patient had oedema and was found to have severe albuminuria. A doctor was called, labour commenced and ante-partum hæmorrhage occurred. Admission to Hospital took place within three hours and patient delivered. Sudden collapse took place one hour later.

It is difficult to suggest any action which could have been taken or any facilities which could have been provided which would have avoided these fatalities.

Of the five deaths from shock where toxæmia was not mentioned on the death certificate investigations were made in the case of four :—

In one, a first pregnancy, every ante-natal care was given and the patient was under the care of a doctor in a maternity home. Severe post partum hæmorrhage occurred and the placenta was partly adherent ; acute inversion of the uterus occurred with fatal shock.

The second case was a first pregnancy where a breech pregnancy was diagnosed by the doctor giving ante-natal care. When medical induction failed and foetal distress occurred, caesarian section was performed in hospital but ensuing shock was fatal.

In the third case, a second pregnancy, twins gave rise to a difficult confinement which was conducted in Hospital with all facilities.

The fourth death was that of a woman with a first pregnancy who had regular ante-natal care from her own doctor, had post partum hæmorrhage after forceps delivery, was admitted to hospital where placenta was removed manually but patient died of shock.

Of the six deaths attributed to post partum hæmorrhage three were of primiparae, two were in second and one in third pregnancies.

Of the three primiparae one was admitted to a Hospital and a second to a Nursing Home before delivery and all facilities were immediately available ; the third was delivered at home where manual removal of placenta was undertaken as an emergency measure the patient then being admitted to Hospital. All had adequate ante-natal care.

In the remaining three cases the delivery of all took place in a Nursing Home, in one toxæmia in pregnancy was the cause of admission, the other two were booked cases and apparently normal.

This review rather suggests an undue adherence of the placenta associated with mild toxæmia.

TREATMENT OF DEFECTS.

The same facilities are provided for the treatment of children under the age of five as for school children. Minor Ailment Clinics are available and treatment of defects of teeth and eyes is arranged. The orthopaedic arrangements include children of all ages, and so do those for operative treatment of tonsils and adenoids.

The County Council, with the approval of the Ministry of Health, decided that the treatment of children under five provided by the Council should be free, so as to bring it into line with treatment provided for school children.

Dental.

Children under Five Years :

Number treated	...	...	...	...	...	...	416
Number of teeth filled	...	...	...	...	...	...	164
Number of teeth extracted	...	...	...	...	...	...	382

Eye Defects and Operative Treatment of Tonsils and Adenoids.

Number of children under five years of age who received operative treatment for tonsils and adenoids during 1946	...	...	...	...	...	...	117
Number of children under five years of age who attended Eye Clinics during 1946	...	...	...	...	...	...	208
Number of these children found to require glasses	...	...	...	...	...	...	121

Orthopaedic Defects.

The following table shows the work done in the Clinics and in the Treloar Hospital for children under school age:—

CLINICS														HOSPITALS					
Defect Group No.	DEFECT	Total No. attending Dec. 31st, 1945	Awaiting Hospital Treatment	Under Clinic Supervision only	New cases admitted to Register during 1946	Recommended Hospital Treatment	Recommended Clinic Supervision only	No Treatment Required	DISCHARGED					Total No. on Books, Dec. 31st, 1946	No. in Hospital Dec. 31st, 1945	New Cases Admitted 1946	DISCHARGED		No. in Hospital Dec. 31st, 1946
									Cured	Improved	Needing no Treatment	To EE or refused treatment	Left County or Died				Improved—To attend Clinic	Died	
1	CONGENITAL DEFORMITIES :—																		
2	Torticollis ...	29	—	29	17	1	13	3	—	15	3	2	7	19	1	3	3	—	1
3	Spinal Malformations ...	11	—	11	4	4	—	—	—	2	—	1	4	8	—	—	—	—	—
4	Dislocation Hip ...	10	—	10	2	2	—	—	—	5	—	6	1	5	5	2	2	—	5
5	Talipes equinus varus ...	42	2	40	35	4	26	5	—	5	5	4	9	54	5	8	8	—	5
6	Other ...	98	14	84	33	11	17	5	3	9	5	11	13	90	4	19	19	1	3
7	INFLAMMATORY CONDITIONS :—																		
8	Osteomyelitis ...	1	—	1	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—
9	Suppurative arthritis ...	2	—	2	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—
10	Rheumatoid arthritis ...	2	—	2	1	—	1	—	—	—	—	—	—	3	—	—	—	—	—
11	Other ...	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	TRAUMATIC CONDITIONS :—																		
13	Fracture ...	1	—	1	2	—	1	1	—	—	1	—	1	1	1	—	1	—	—
14	Dislocation ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15	Injury to soft tissues ...	3	—	3	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—
16	Other ...	3	1	2	4	1	3	—	—	—	—	2	—	5	1	2	2	—	1
17	PARALYSIS :—																		
18	Anterior poliomyelitis ...	8	—	8	4	—	4	—	—	—	—	1	3	8	3	3	5	—	1
19	Polioccephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20	Spastic paralysis ...	10	—	10	18	1	14	3	—	1	3	2	2	20	—	—	—	—	—
21	Muscular dystrophy ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22	Obstetrical paralysis ...	2	—	2	2	—	2	—	—	—	—	—	1	3	—	—	—	—	—
23	Other ...	4	—	4	1	—	1	—	—	—	—	1	—	4	—	—	—	—	—
24	ACQUIRED DEFORMITIES :—																		
25	Kyphosis ...	—	—	—	7	—	6	1	—	—	1	—	—	6	—	—	—	—	—
26	Scoliosis ...	1	—	1	1	—	1	—	—	1	—	—	—	1	—	—	—	—	—
27	Genu valgum ...	98	2	96	56	—	52	4	—	16	4	35	14	85	2	2	3	—	1
28	Bowed tibiae ...	45	1	44	36	—	29	7	—	13	7	11	9	41	—	1	1	—	—
29	Pes Planus ...	59	—	59	27	—	24	3	—	5	3	22	5	51	—	—	—	—	—
30	Pes cavus ...	4	—	4	2	—	2	—	—	2	—	1	3	7	—	2	2	—	—
31	Hallux valgus and Hammer Toes	6	—	6	10	—	10	3	—	3	3	3	1	10	—	1	1	—	—
32	Other defects ...	5	—	5	9	—	6	—	—	—	—	—	—	—	—	—	—	—	—
33	DISEASES OF BONE :—																		
34	Neoplasm ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35	Dystrophies of bone ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
36	Other :—																		
37	Other defects ...	13	—	13	31	2	18	11	—	5	11	*4	5	19	1	3	3	—	1
38	TOTALS	457	20	437	302	26	230	46	3	77	46	107	81	445	23	47	51	1	18

Cleft Lips and Palates.

An increased number of cases has been dealt with at the Lord Mayor Treloar Cripples' Hospital, Alton, during the year; treatment there is in the skilled hands of Professor Kilner and Mr. Peet, with whom close co-operation is maintained by the Speech Therapists. Results are remarkable, and they form one of the most hopeful features in the Orthopaedic scheme. Ascertainment is improving (arrangements already exist whereby new-born babies affected with cleft lip or palate are immediately notified to the Department), and there is increasing tendency for General Practitioners to seek the help of the department. In such cases, primary repair is carried out at a very early date.

<i>Diagnosis</i>	<i>Group No.</i>	<i>Hospital Treatment—1946.</i>		<i>Discharged 1946</i>	<i>In hospital 31.12.46</i>
		<i>In hospital 31.12.45</i>	<i>Admitted 1946</i>		
<i>Cleft lip—</i>	1	—	7	7	—
	2	—	—	—	—
	3	—	1	1	—
<i>Cleft Palate—</i>	1	—	2	2	—
	2	—	4	4	—
<i>Combination of Groups :—</i>					
<i>Cleft lip and palate—</i>					
	1	—	—	—	—
	2	—	—	—	—
	3	—	16	14	2
		—	30	28	2

Cases known to the Department at present are :—

<i>Year of Birth</i>	Pre-1939	1939	1940	1941	1942	1943	1944	1945	1946
<i>No. of Cases</i>	14	4	6	3	6	10	9	4	10

The classification is as follows :—

Group 1 cases.—These are pre-alveolar clefts and are operated on after weaning—9 months.

Group 2 cases.—These are post-alveolar clefts and are repaired before speech is attempted at about the age of one year.

Group 3 case.—In these the alveolar is cleft as well as the lip; the aim is to repair the lip as soon as the child is thriving—if possible at the age of 6-8 weeks.

Orthoptic Treatment.

County Orthoptic Clinics were commenced at Alton, Andover and Winchester in April, 1946, on the appointment of Miss E. Hall as part-time County Orthoptist. Sixteen pre-school children were referred to Miss Hall from the County Eye Clinics but two cases were too young and examinations were deferred.

*Types of Squint.**Five cases of Right Convergent Concomitant Squint :*

with right amblyopia	...	...	...	...	...	2
very variable angle	...	...	...	...	...	1
very slight with epicanthus	...	...	...	...	...	1
partially accommodative (later alternating)	...	...	...	...	...	1

Eight cases of Left Convergent Concomitant Squint :

with left amblyopia	...	...	...	...	...	3
with left amblyopia and poor fixation left eye	...	...	...	...	...	1
very occasional	...	...	...	...	...	1
occasional with epicanthus	...	...	...	...	...	1
very variable angle	...	...	...	...	...	1
very slight, visual acuity equal	...	...	...	...	...	1

One case of Alternate Convergent Concomitant Squint :

with bilateral nystagmus.

Treatment Given.

Total occlusion right eye ...	...	...	...	4 cases
Total occlusion left eye ...	...	...	...	2 cases
For orthoptic training later ...	...	...	...	4 cases
Under observation ...	...	...	...	4 cases

MILK.*Quality Production.*

Milk is categorised as follows :—

- (1) Tuberculin Tested.
- (2) Accredited.
- (3) Pasteurised.
- (4) Undesignated.

Licences authorising the production of Tuberculin Tested and Accredited milk are issued annually by the County Council, the Agricultural Organiser being responsible for the inspection of premises, equipment and methods of production in accordance with the terms of The Milk (Special Designations) Order 1936. Close liaison is maintained with Local Licensing Authorities who are responsible for the overall inspection of dairy premises under the Milk and Dairies Order, 1926.

Tuberculin Tested milk may be produced from Tuberculin Tested herds (*i.e.* herds, every animal in which passed its last tuberculin test) or attested herds (*i.e.* herds, every animal in which has passed its last three consecutive tests). Retesting of the former is normally carried out half yearly and of the latter annually.

Bulk samples of milk from herds licensed for the production of Tuberculin Tested and/or Accredited milk are taken at approximately six weekly intervals by the Agricultural Organiser's staff and tested bacteriologically in the County Laboratory.

Licences authorising the sale of "Pasteurised" milk are issued by Local Sanitary Authorities which take samples at monthly intervals and have them tested in the Ministry of Health Public Health Laboratory, Winchester.

The quality of undesignated milk is supervised by :—

- (1) Clinical examinations of non-designated herds are carried out once a year, except in the case of school milk supplies, when the examinations are at quarterly intervals.
- (2) Taking by Health Visitors of samples of milk supplied to Schools or Nurseries, and their examination for the presence of tubercle bacilli in the County Laboratory. Should such bacilli be found the Animal Health Division is notified and individual cow samples are taken from the producing herd.
- (3) The National Milk Testing and Advisory Scheme of the Ministry of Agriculture under which bulk samples of all milk for human consumption are taken on depot platforms (or in the case of Producer Retailers, prior to delivery to the consumer) and analysed in laboratories under the control of the Ministry of Agriculture's Provincial Advisory Bacteriologist. Advisory visits are paid by members of the staff of the War Agricultural Executive Committee to all unsatisfactory producers and the Milk Marketing Board may in extreme cases refuse to purchase milk from persistently unsatisfactory producers.

Milk Distribution.

Theoretically, all milk for human consumption is sold to the Milk Marketing Board but producer retailers retain the milk produced by their own herds, sell direct to their own customers, pay the gallonage levy to the Board and receive

from the Board any subsidies due in respect of graded milk. All other milk is distributed as the Board directs, some to wholesalers, some to large retailers and the remainder to their own depots for transfer out of the County or as a buffer supply to maintain an even supply within the County.

The quantity required in any area is determined by the Ministry of Food which acquaints each retailer of the amount which he may sell according to the number of customers registered with him.

Quantity Production.

The amount of milk produced in the County is stimulated by :—

(1) The Advisory Service of the Hampshire War Agricultural Executive Committee which provides free personal advice on breeding, herd management, rearing and feeding.

(2) The Animal Health Division of the Ministry of Agriculture which provides at reduced prices vaccine for the control of abortion.

(3) The Hampshire Cattle Breeders Association which provides, from its station at Lyndhurst and sub-stations at Andover and Petersfield, semen from proven Short-horn, Friesian, Guernsey and Jersey sires.

Progress towards Safer Milk.

In 1943 the Government issued a white paper (Circular 6454) entitled 'Measures to improve the quality of the nation's milk supply' in which it was stated that "the Government accordingly propose to take power to exercise closer control over the quality of milk as it reaches the consumer. The Minister of Food will be empowered by Regulation to make it an offence to sell milk by retail in any area which he may schedule unless either :—

- (i) it is heat treated as defined by Order; or
- (ii) It is lawfully sold as T.T. milk; or
- (iii) it is accredited milk sold by a retailer (whether producer-retailer or dairyman) who sells the milk of a single Accredited Herd."

Meetings were held in 1944 of Dairymens Associations at Aldershot, Andover, Basingstoke, Fareham, Gosport, Havant and Winchester and the apparatus and adaptations needed before the conditions above-mentioned could be fulfilled approved. So far however, no area has been scheduled.

I am informed that the number of Accredited and Tuberculin Tested Licences issued in this County has been as follows :—

<i>Year</i>	<i>Accredited Licences</i>	<i>Tuberculin Tested Licences</i>
1936	379	—
1937	476	58
1938	509	86
1939	525	111
1940	597	119
1941	537	113
1942	537	111
1943	566	128
1944	584	194
1945	588	278
1946	552	426

These figures show a very satisfactory increase in the number of Tuberculin Tested Licences issued. It is impossible to state how much milk produced in this County comes from Licensed herds or how much of such milk is consumed in this County.

The milk supplied to Nurseries is all pasteurised or Tuberculin Tested.

Some schools are still unable to obtain pasteurised or T.T. milk and in October, 1946, the situation was as follows :—

					<i>Past</i>	<i>T.T.</i>	<i>Acc.</i>	<i>Non-designated</i>
Number of Schools (Primary and Secondary) taking the various grades of milk :—								
Primary	...	...	...	...	196	62	38	44
Secondary	...	...	...	...	42	6	3	1
Number of children receiving milk in these schools :—								
Primary	...	...	...	...	28710	7412	2642	2081
Secondary	...	...	...	...	13066	738	509	130

Comments.

This review of the situation shows the complex nature of the supervision of production of safe milk and emphasises the needs for implementation of action to ensure that safe milk is available for all. It is regrettable that action contemplated in 1943 has not as yet been taken.

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASES.

The following tables summarise the quarterly returns of notifications received during the year of infectious diseases occurring among civilians who were, at the time of diagnosis, residing in the Administrative County. These quarterly returns have been corrected as required as a result of withdrawal of notifications by practitioners following more accurate diagnosis.

RURAL DISTRICTS
NOTIFICATIONS OF INFECTIOUS DISEASE, 1946.

DISTRICT	Estimated Population for Mid. 1946	CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1946																					
		Small Pox	Scarlet Fever	Diphtheria (including Membranous Group)	Enteric and Paratyphoid Fever	Pneumonia	Cholera	Plague	Puerperal Pyrexia	Puerperal Fever	Cerebro-Spina Fever	Acute Polio-myelitis	Acute Polio- encephalitis	Encephalitis Lethargica	Dysentery	Ophthalmia Neonatorum	Erysipelas	Pulmonary Tuberculosis	Other Tuberculosis	Malaria	Measles (exclud. German measles)	Whooping Cough	Total Cases
ALTON	18350	—	9	1	—	7	—	—	2	—	2	—	—	—	—	1	2	13	3	—	30	18	88
ANDOVER	11490	—	7	2	—	—	—	—	—	—	—	—	—	—	—	1	1	—	3	—	10	20	44
BASINGSTOKE	15360	—	18	—	—	10	—	—	1	—	2	1	—	—	1	2	3	12	3	—	5	13	71
DROXFORD	18490	—	29	2	—	11	—	—	2	—	—	1	—	—	—	2	4	16	3	—	12	25	107
HARTLEY WINTNEY ...	16250	—	23	2	—	5	—	—	1	—	—	1	—	—	11	—	6	15	7	—	2	37	110
KINGSCLERE AND WHITCHURCH	16230	—	6	—	—	24	—	—	2	—	—	—	—	—	—	1	2	9	—	—	6	12	62
NEW FOREST	39130	—	15	1	—	9	—	—	3	—	1	—	—	—	—	2	3	25	4	—	55	143	261
PETERSFIELD	17640	—	12	1	1	2	—	—	1	—	1	—	—	—	—	2	3	12	4	1	58	28	126
RINGWOOD AND FORDINGBRIDGE	20440	—	31	—	—	29	—	—	2	—	—	—	—	—	—	1	5	14	2	—	133	24	241
ROMSEY AND STOCKBRIDGE	22330	—	21	1	—	4	—	—	2	—	1	1	—	1	—	—	4	14	3	—	4	13	69
WINCHESTER	36510	—	38	2	—	25	—	—	1	—	2	—	—	—	—	4	8	28	6	—	75	71	260
TOTAL	232220	—	209	12	1	126	—	—	17	—	9	4	—	1	12	16	41	158	38	1	390	404	1439

URBAN DISTRICTS.
NOTIFICATIONS OF INFECTIOUS DISEASE, 1946.

District	Estimated Population for Mid. 1946	CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1946.																	Total Cases			
		Small Pox	Scarlet Fever	Diphtheria (including Membranous Croup)	Enteric and Paratyphoid Fever	Pneumonia	Cholera	Plague	Puerperal Pyrexia	Puerperal Fever	Cerebro-Spinal Fever	Acute Polio- myelitis	Acute Polio- cephalitis	Dysentery	Ophthalmia Neonatorum	Erysipelas	Pulmonary Tuberculosis	Other Tuberculosis		Malaria	Measles (exclud. German measles)	Whooping Cough
ALDERSHOT	24580	—	13	19	—	—	—	4	—	3	—	—	—	1	1	—	25	4	—	67	3	140
ALTON	8138	—	19	—	—	3	—	2	—	1	—	—	—	—	1	—	4	5	—	16	50	101
ANDOVER	13330	—	5	—	—	3	—	—	—	—	—	—	—	—	—	—	3	2	—	2	—	15
BASINGSTOKE	15850	—	12	3	—	6	—	—	—	—	—	—	—	—	3	—	14	3	—	3	63	107
CHRISTCHURCH	17760	—	22	—	1	15	—	1	—	1	—	—	—	—	—	4	9	4	—	264	30	351
EASTLEIGH	28280	—	40	12	—	14	—	4	—	1	—	—	—	1	4	17	21	3	—	259	76	452
FAREHAM	39220	—	68	—	—	23	—	2	—	—	—	—	—	—	1	8	41	6	—	74	136	359
FARNBOROUGH	18370	—	4	—	—	—	—	—	—	—	—	—	—	—	4	—	11	3	1	17	—	40
FLEET	8398	—	7	2	—	15	—	1	—	—	—	—	—	—	—	4	6	3	—	3	15	56
GOSPORT	45160	—	70	2	—	58	—	6	—	1	—	—	—	—	10	19	76	15	2	132	114	505
HAVANT AND WATERLOO	28850	—	42	2	—	3	—	1	—	1	—	—	—	—	—	5	24	5	—	176	17	276
LYMINGTON	20980	—	2	3	—	—	—	2	—	—	1	—	—	—	1	—	10	4	—	10	76	109
PETERSFIELD	6754	—	6	—	—	3	—	—	—	—	—	—	—	—	—	1	5	—	—	3	7	25
ROMSEY	6390	—	2	—	—	3	—	1	—	—	—	—	—	—	1	—	5	2	—	1	16	31
WINCHESTER	25260	—	6	—	—	5	—	1	—	—	—	—	—	—	—	1	16	4	1	10	35	79
TOTAL URBAN	307320	—	318	43	1	151	—	25	—	8	1	—	—	2	26	59	270	63	4	1037	638	2646
TOTAL RURAL	232220	—	209	12	1	126	—	17	—	9	4	—	1	12	16	41	158	38	1	390	404	1439
ADMINISTRATIVE COUNTY	539540	—	527	55	2	277	—	42	—	17	5	—	1	14	42	100	428	101	5	1427	1042	4085

The following table compares the incidence in 1946 in Rural and Urban Districts with that in 1945 :—

	Year	Scarlet Fever	Diphtheria	Enteric and Para-Typhoid	Pneumonia	Puerperal Pyrexia	Cerebro-spinal Fever	Acute Poliomyelitis	Polio-encephalitis	Dysentery	Ophthalmia Neonatorum	Erysipelas	Pulmonary Tuberculosis	Other Tuberculosis	Malaria	Measles	Whooping Cough
Rural Districts ...	1945	313	9	2	129	20	11	12	1	63	15	74	135	35	1	4203	494
	1946	209	12	1	126	17	9	4	—	12	16	41	158	38	1	390	404
Urban Districts ...	1945	368	40	6	140	43	14	—	—	22	21	50	296	66	1	4556	621
	1946	318	43	1	151	25	8	1	—	2	26	59	270	63	4	1037	638
TOTALS ...	1945	681	49	8	269	63	25	12	1	85	36	124	431	101	2	8759	1115
	1946	527	55	2	277	42	17	5	—	14	42	100	428	101	5	1427	1042

Deaths occurring from notifiable infectious diseases during 1946 were as follows, as allocated by the Registrar General to this County :—

Typhoid and Para-typhoid ...	...	...	...	...	1
Cerebro-spinal Fever ...	...	...	...	...	7
Scarlet Fever ...	...	...	...	...	1
Whooping Cough ...	...	...	...	...	11
Diphtheria ...	...	...	...	...	4
Tuberculosis of respiratory system ...	...	...	...	...	177
Other forms of Tuberculosis ...	...	...	...	...	29
Measles ...	...	...	...	...	1
Acute polio-myelitis and polio-encephalitis ...	...	...	...	...	2

Diphtheria.

Four deaths were recorded, two in the age group 1—5 years and two in the group 15—45 years.

The following table shows the age distribution of notifications of diphtheria :—

Age Group	1946	1945	1944	1943	1942
0— ...	1	—	1	—	1
1— ...	4	2	3	4	3
3— ...	9	2	2	9	4
5— ...	12	15	14	26	11
10—16 ...	13	5	5	14	4
Over 16 ...	16	18	31	24	30
Unknown ...	—	7	—	—	—
TOTAL ...	55	49	56	77	53

Type of Diphtheria Bacilli found in 1946.

The typing of bacilli isolated from swabs sent in to the County Laboratory during 1946 showed a very similar distribution of strains as was found in 1945.

Diphtheria Immunisation.

The following Table shows the number of children (0—5 and 5—15 years of age) who had been given two injections of A.P.T. prophylactic or three of T.A.F. by the end of the year in each District in the County, together with the estimated proportion of each age group who had, at the end of the year, been so treated. Immunisation is relative and whether a child develops an attack of diphtheria when exposed to infection after prophylactic treatment, will depend on the intensity of the infection to which it is exposed and the degree of resistance the child can offer ; this latter is almost always sufficiently raised by the treatment that the disease, if acquired, is not fatal and within a reasonable period, sufficient to completely avoid any illness. There are always some children, a very small minority, whose resistance it is very difficult to raise.

URBAN DISTRICTS													RURAL DISTRICTS														
	Aldershot	Alton	Andover	Basingstoke	Christchurch	Eastleigh	Fareham	Farnborough	Fleet	Gosport	Havant and Waterlo	Lymington	Petersfield	Romsey	Winchester		Alton	Andover	Basingstoke	Droxford	Hartley Wintney	Kingsclere and Whitechurch	New Forest	Petersfield	Ringwood and Fordingbridge	Romsey and Stockbridge	Winchester
Number born in years stated fully immunised by 31.12.46	9	1	184	—	—	—	74	—	—	3	11	1	1	8	4		1131.	73	—	1	—	181	12	1	—	27	6
	203	41	172	128	494	189	2320	91	37	343	551	100	53	64	170		1131.	141	185	1606	145	246	291	62	243	213	
	314	92	146	192	—	293	1918	133	85	477	340	215	56	87	275		1131.	148	103	137	136	166	554	137	217	429	
	1943	294	44	240	226	288	229	1918	144	105	428	547	268	75	58	247		1131.	274	149	140	290	722	91	246	480	
1942	316	93	285	322	—	229	229	181	88	444	711	251	70	60	276		1131.	185	222	—	249	250	664	119	195	524	
Total estimated population born 1942	2170	750	1190	1330	1100	2220	3410	1630	700	4790	2485	1500	530	560	2030		1590	960	1210	1500	1340	1240	3340	1310	1580	1850	2820
—1946 as at mid-1946	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		71.1	85.5	54.4	100.0	50.0	91.3	64.1	31.3	58.1	50.0	58.5
Percentage fully immunised by 31.12.46	52.4	36.1	86.3	65.3	45.0	45.0	100.0	33.7	45.0	35.3	87.0	55.5	48.1	49.4	48.0		71.1	85.5	54.4	100.0	50.0	91.3	64.1	31.3	58.1	50.0	58.5
Number born in stated periods fully immunised by 31.12.46	511	621	1258	855	801	1235	4812	454	757	2101	168	1290	294	394	1526		2799	604	206	1873	316	984	1884	1172	1427	1050	2513
1932 to 1936	448	424	1302	543	879	1249	695	695	598	2116	54	1081	243	396	1595		2799	129	40	1873	190	1068	1546	1286	1135	801	2209
Total estimated population born in 1932-1941	3850	1250	2030	2160	2100	3920	6050	2870	1130	7300	3477	2720	950	950	3150		2770	1730	2060	2730	2290	2370	5850	2440	2760	3290	5080
Percentage fully immunised by 31.12.46	24.9	83.6	100.0	64.7	80.0	63.3	79.5	40.0	100.9	57.7	6.3	87.2	56.5	83.1	99.0		100.0	42.4	11.9	65.0	22.1	86.6	58.6	100.0	92.8	56.2	92.9
Percentage of all born 1932-1946 fully immunised by 31.12.46	34.8	65.8	100.0	64.9	68.0	56.7	97.5	37.7	91.2	48.9	40.0	75.9	53.5	70.6	78.8		90.0	57.7	27.7	82.2	32.4	88.2	61.7	76.5	80.0	54.0	80.6

† Statistics based on estimates only as records prior to March, 1943, destroyed by fire.

* In addition 1604 are known to be immunised but dates of birth are unknown though mostly between 1932 and 1937.

During 1946 11 cases under 15 years of age were notified as suffering from diphtheria who were reported to have had prophylactic treatment. As in previous years enquiries were made concerning the previous immunisation, the character of the illness and its results in every case of diphtheria notified in the County. Details of these are shown in the table below.

It will be seen that of the 11 cases information concerning the immunising treatment given was vague in 3 cases (all occurring in one boarding school), in the remaining 8 the treatment was given five years previously in two, and between four years and six months in the remaining six. In no case did the patient die and no sequelae have been reported.

1946 Notified during week ended	Local Sanitary Authority	Case	Age	Prophylactic used			Notes from Isolation Hospital etc.
(1) 19th Jan.	Aldershot Borough	P.M.	4	A.P.T.	0.2 c.c. Oct. 1943 0.5 c.c. Nov. 1943		True case of Diphtheria but systemic re-action less than in an un-protected child
(2) 9th Mar.	Aldershot Borough	D.G.S.	3	A.P.T.	0.2 c.c. 1.12.42 0.5 c.c. 12.1.43		True case of Diphtheria but systemic effect of infection much less than one would have expected in a non-immunised child. Convalescence will be shorter as a result of immunisation
(3) 22nd June	Havant and Waterloo U.	K.G.	7	A.P.T.	0.1 c.c. 19. 2.41 0.3 c.c. 19. 3.41		A mild case of Diphtheria
(4) 10th Aug.	Aldershot Borough	W.C.	5	A.P.T.	0.2 c.c. 14. 4.43 0.5 c.c. 1. 9.43		A mild case of Diphtheria
(5) 6th Feb.	Aldershot Borough	P.S.	10	A.P.T.	0.2 c.c. 6. 5.41 0.5 c.c. 15. 5.41		A mild case of Diphtheria
(6) 5th Oct.	Lymington Borough	P.M.	13		N.K.		True case of Diphtheria
(7) 5th Oct.	Lymington Borough	E.T.	12		1941 Johannesburg		True case of Diphtheria
(8) 5th Oct.	Lymington Borough	M.M.	12		1940 London		True case of Diphtheria
(9) 30th Nov.	Gosport Borough	M.W.	4	A.P.T.	0.2 c.c. 24. 5.46 0.5 c.c. 22. 6.46		A clinical laryngeal Diphtheria
(10) 14th Dec.	Eastleigh Borough	J.C.	8	A.P.T.	0.2 c.c. 16. 9.42 0.5 c.c. 23.10.42		A mild case of Diphtheria
(11) 28th Dec.	Fleet U.	A.F.	14	A.P.T.	0.2 c.c. 15.12.44 0.2 c.c. 31. 1.45		A mild case of Diphtheria

Ophthalmia Neonatorum.

In 1946 43 cases were notified, from 22 of which smears were received in one of which organisms microscopically resembling gonococci were seen. Of the 43, 6 were admitted to Hospital for treatment, one to the Royal Portsmouth, one to the Portsmouth Infectious Diseases Hospital and four to the Free Eye Hospital, Southampton.

Cases with no impairment of vision	...	...	...	40
Cases lost trace of	...	...	...	2
Case died	...	...	...	1

Ophthalmia Neonatorum is a very loose term and is still more loosely interpreted, many cases notified never having been recorded as having a purulent discharge. The cause varies and is seldom due to the gonococcus. The need for hospital admission is very rare now that penicillin is available; nursing assistance has always been given by the County Council if desired by the doctor.

Admission is undesirable as well as unnecessary in most cases since rarely is the mother admitted and breast feeding has to be discontinued. The advice of an oculist is, of course, desirable. Doctors in the County are advised on these lines.

Institutional Accommodation.

The position in the County area is as follows :—

Hospital	Authority	Receiving Cases from
Civil Isolation Hospital, Aldershot 48 Beds	Aldershot M.B.	Aldershot M.B. Farnborough U.D. (10 beds reserved) Fleet U.D. (4 beds) Hartley Wintney R.D. (11 beds reserved)
I.D. Hospital, Alton ... 26 Beds 6 Cots	Alton Joint Hospital Board	Alton U.D. Alton R.D. Droxford R.D. (part)
I.D. Hospital, Basingstoke ... 17 Beds	Basingstoke M.B.	Basingstoke M.B. Basingstoke R.D. Kingsclere and Whitchurch R.D. (part)
I.D. Hospital, Eastleigh ... 10 Beds 7 Cots	Eastleigh M.B.	Eastleigh M.B.
I.D. Hospital, Petersfield ... 44 Beds	Joint Hospital Board (U.D. and R.D.)	Petersfield U.D. Petersfield R.D.
I.D. Hospital, Winchester ... 40 Beds	Winchester City	Winchester City Winchester R.D.
I.D. Hospital, Southampton ... 108 Beds 33 Cots	Southampton C.B.	Lymington M.B. Romsey M.B. New Forest R.D. Romsey and Stockbridge R. (8 beds reserved) (part) Winchester R.D. (part)
I.D. Hospital, Salisbury ... 78 Beds	Joint Hospital Board	Andover M.B. Romsey M.B. Andover R.D. Kingsclere and Whitchurch R.D. (part) Ringwood and Fordingbridge R.D. (part) (15 beds res.) Romsey and Stockbridge R. (3 beds reserved) (part)
I.D. Hospital, Portsmouth ... 292 Beds	Portsmouth C.B.	Fareham U.D. (16 beds reserved) Gosport M.B. (16 beds reserved) Havant and Waterloo U.D. Droxford R.D. (part)
I.D. Hospital, Poole ... 80 Beds	Joint Hospital Board	Christchurch M.B.

Generally, there is mutual aid between the various authorities, vacancies and staff permitting, and in reply to a recent circular District Councils stated that existing accommodation was adequate, no difficulties being experienced in getting cases into hospitals.

TUBERCULOSIS.

The *Death Rate* in the Administrative County from all forms of Tuberculosis during the year 1946 was 0.40, being the sum of 0.33 for pulmonary and 0.07 for non-pulmonary disease. This is the lowest rate recorded although it was once before reached, *i.e.*, in 1939.

The total number of deaths was 216—again equal to those in 1939 ; these were 177 pulmonary cases and 39 non-pulmonary.

In Tables A and B are comparisons of these figures with those of previous years and with the rates for England and Wales.

Table A.

Death Rates from Pulmonary Tuberculosis.

Year	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
No. of Deaths	206	198	178	207	220	207	188	214	200	177
County	.40	.38	.33	.40	.40	.39	.36	.41	.39	.33
England and Wales ...	.58	.53	.54	.59	.60	.54	.56	.54	.52	.46

Table B.

Death Rates from Non-Pulmonary Tuberculosis.

Year	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
No. of Deaths	40	46	38	37	64	52	43	38	42	39
County	.08	.09	.07	.07	.12	.10	.08	.07	.08	.07
England and Wales ...	.11	.10	.099	.11	.13	.11	.11	.115	.10	.08

A graph showing the Death Rates from Pulmonary Tuberculosis in the Administrative County from 1901 to 1946 is given on page 55.

Table C below shows the number of *Notifications* during the past five years.

Table C (Pulmonary).

Year	1942	1943	1944	1945	1946
Total Notifications	355	369	395	431	428
No. of Males	222	239	249	271	263
No. of Females	133	130	146	160	165

The 1946 figure is much the same as that of the preceding year ; and in the report for that year it was explained that the recent high figures signify not so much an increase in the incidence of tuberculosis as a better and earlier ascertainment of disease, chiefly due to Radiography. This explains why, in spite of high notifications there are fewer deaths.

Table C (Non-Pulmonary).

Year	1942	1943	1944	1945	1946
Total Notifications	134	123	109	101	101
Notifications—Male	55	62	54	51	51
Notifications—Female	79	61	55	50	50

Dispensary Work has continued to be heavy. The total attendances at each Dispensary and at the Out-patient Refill Clinics held at the Sanatoria were as follows :—

Table D.

	1942	1943	1944	1945	1946
Andover	586	663	673	593	652
Aldershot	1068	1176	1210	1259	1289
Basingstoke	487	549	650	745	672
Christchurch	534	661	601	646	850
Eastleigh	712	826	1038	1183	1191
Fareham	913	1149	1526	1766	1630
Fordingbridge	90	107	124	119	116
Gosport	860	976	1169	1346	1571
Havant	684	935	1115	1283	1203
Totton	418	618	834	887	1055
Winchester	330	401	588	612	653
The Mount	666	763	919	1024	990
Chandlersford	276	290	240	200	190
	7624	9114	10687	11663	12062

Some details of the work done at the Dispensaries are given in the Table following which is in the form required by the Ministry of Health. The same return for 1945 is shown for comparison.

Table E.

1946.

DIAGNOSIS	PULMONARY				NON-PULMONARY				TOTAL				GRAND TOTAL
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—Number of definite cases on Register at beginning of Year	856	541	18	5	92	90	98	101	948	631	116	106	1801
(2) Transfers from other Authorities during year	62	71	2	2	3	5	4	4	65	76	6	6	153
(3) Lost sight of cases returned during the year	7	5	—	—	—	—	—	—	7	5	—	—	12
B.—Number of NEW CASES diagnosed as tuberculous during Year :													
(1) Class T.B. Minus	112	66	4	5	—	—	—	—	112	66	4	5	187
(2) Class T.B. Plus	116	58	—	—	—	—	—	—	116	58	—	—	174
(3) Non-pulmonary	—	—	—	—	15	18	29	25	15	18	29	25	87
C.—Number of cases included in A and B written off Register during Year as :—													
(1) Recovered	3	2	1	—	3	2	4	8	6	4	5	8	23
(2) Dead (all causes)	85	61	—	—	3	4	—	—	88	65	—	—	153
(3) Removed to other Areas	58	71	4	—	2	6	10	3	60	77	14	3	154
(4) For other reasons	38	18	1	1	5	5	7	8	43	23	8	9	83
D.—Number of definite cases of Tuberculosis on the Dispensary Register at the end of the year	969	589	18	11	97	96	110	111	1066	685	128	122	2001

Number of T.B. Plus cases on Dispensary Register, December 31st, 1946—966

1945

DIAGNOSIS	PULMONARY				NON-PULMONARY				TOTAL				GRAND TOTAL
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
—T—													
A.—(1) Number of definite cases on Register at beginning of Year	769	483	14	8	87	82	101	94	856	565	115	102	1638
(2) Transfers from other Authorities during Year	61	57	1	2	1	4	7	2	62	61	8	4	135
(3) Lost sight of cases returned during the Year	—	2	—	—	1	3	1	1	1	5	1	1	8
B.—Number of NEW CASES diagnosed as tuberculous during Year :													
(1) Class T.B. Minus	122	78	7	1	—	—	—	—	122	78	7	1	208
(2) Class T.B. Plus	124	68	3	—	—	—	—	—	124	68	3	—	195
(3) Non-pulmonary	—	—	—	—	16	15	20	26	16	15	20	26	77
C.—Number of cases included in A and B written off Register during Year as :—													
(1) Recovered	11	10	1	—	3	4	12	9	14	14	13	9	50
(2) Dead (all causes)	108	59	4	2	3	2	—	—	111	61	4	2	178
(3) Removed to other Areas	67	55	1	2	5	2	9	7	72	57	10	9	148
(4) For other reasons	34	23	1	2	2	6	10	6	36	29	11	8	84
D.—Number of definite cases of Tuberculosis on the Dispensary Register at the end of the year	856	541	18	5	92	90	98	101	948	631	116	106	1801

The number of cases of tuberculosis of all forms on the Dispensary Register has increased by 200; representing the difference between new cases discovered in, or entering, the County and cases crossed off by reason of recovery, death or departure from the County.

The Tables show the age and sex distribution of new cases of the two classes of pulmonary tuberculosis and of non-pulmonary tuberculosis. The large number of patients who enter or leave the area during any year makes it difficult to draw any conclusions as to mortality rates or recovery rates; and these Tables have a higher value when collected for the country as a whole than for any one district.

T.B. Plus Cases. Cases of Pulmonary Tuberculosis are divided into two main groups—those in which tubercle bacilli have at any time been found in the sputum and those in which they have never been found. It is from the first group of T.B. plus cases that infection arises and from which healthy individuals contract disease. The number of such cases on the Dispensary Register has been rising for some years and some comment on its significance was made in the Report for 1945 when at the end of that year it was 899.

At the end of 1946 it had risen to 966. These have accumulated on the register during many previous years—about one-sixth came on in 1946 and a lesser fraction in each preceding year. Three main causes are responsible for the rise—(1) intensive measures for the detection of pulmonary tuberculosis, (2) the increased proportion of cases in the County who take advantage of the Scheme and so appear on the Dispensary Register, (3) the longer expectation of life due to the treatment and general care of tuberculous persons.

SUMMARY OF CASES CLASSIFIED T.B. POSITIVE SEPTEMBER, 1946.

It is first of all satisfactory to note that 61% of these cases had ceased to have tubercle bacilli in the sputum and were no longer a source of infection. Of those continuing to produce bacilli, 248 were living at home and 120 were in Institutions. Sleeping accommodation for those at home was satisfactory—there were, however, 32 who were sharing a bed with a consort. In 13 of these absence of other accommodation in the home was a factor; not usually the only one—one patient refused transfer to Sanatorium, another patient was a visitor in an already crowded home. Steps were taken to ameliorate the position in this group of cases. In the other 19 cases alternative arrangements were possible but the patients concerned refused to alter their sleeping customs.

The increase in the number of cases classified T.B. Positive requires further investigation and the diagram below shows the distribution in September, 1946, of all T.B. plus cases on the Register on that date as regards their accommodation and their working capacity.

Mass Radiography. Towards the end of the war the Ministry of Health arranged for the manufacture of Mass Radiography Sets—some for the Services and some to be distributed for the civil population. These latter were to be put into action first in the County Boroughs as these were the most densely populated centres—and then in neighbouring County districts. One set was allocated to Portsmouth County Borough and plans were made that after the survey of Portsmouth had been done it should be used in Southampton and Bournemouth County Boroughs and then in the Administrative County.

During the Portsmouth Survey in 1945 a good number of residents in the Administrative County who worked in Portsmouth came under examination and other similar groups around Southampton and Bournemouth were included when the Unit was operating in these Boroughs in 1946. This, together with Mass Radiography in the Services, led to 36 new cases being referred to the Dispensary.

Preparations for the Survey of the Administrative County were in progress during the year and it was planned that the Unit should be installed at Christchurch as the first Centre in February, 1947, and moved to successive Centres at Lymington, Eastleigh, Aldershot, Basingstoke and Gosport; which work will extend to the end of 1947.

Before operating in any area, contacts are made with all employers of over 25 persons, meetings arranged and propaganda carried out by an Officer attached to the Unit, the clerical and technical staff accompanying the Unit which is under the direction of Dr. J. D. Lendrum.

This apparatus, though portable, is not mobile; its transfer is complicated and takes some days. Accordingly it can only be set up at large Centres and factories employing several hundreds. Its allocation to a larger number of smaller Centres would mean that much of the period for which it is at the disposal of the Administrative County would be wasted in taking down and setting up; so that the total number of people surveyed during the year would be reduced.

X-ray examinations. Arrangements for X-ray examinations of Dispensary patients were not materially altered during 1946. The number of examinations continues to grow, 2,925 films being taken during the year compared with 2,393 in 1945 and 1,655 in 1944. A weekly Out-patient session is held at the Mount Sanatorium, Bishopstoke, and the other principal centre is at St. Mary's Hospital, Portsmouth, where two weekly sessions are held. There are, in addition, arrangements with most hospitals in the County which have apparatus suitable for chest radiography and patients are sent to the nearest hospital.

Residential Treatment. Reference was made in the Report for the year 1945 to the restrictions imposed on Sanatorium treatment by the shortage of nursing and domestic staff. This is reflected in the number of admissions under the County Tuberculosis Scheme during the year 1946 which was 360 compared with 411 in the previous year.

An additional factor limiting admissions was decorative work which was necessary at the Mount Sanatorium.

The loss of the Tuberculosis Ward at The Civil Isolation Hospital, Aldershot, where chronic pulmonary female cases were segregated, has resulted in additional delay in admissions to Chandlersford Sanatorium as the chronic cases occupy available beds over a relatively longer period.

Valuable accommodation has been obtained during the year at Douglas House Sanatorium, West Southbourne—the seaside branch of Preston Hall Sanatorium, Aylesford. Twenty-three Ex-Service men were sent to Douglas

House during the year thus relieving some of the pressure on the Mount Sanatorium. Similar increased use was made of The Royal National Sanatorium, Bournemouth, where 19 patients were admitted compared with 13 during the previous year.

Patients requiring *Thoracic Surgery*, e.g. thoracoplasty, cutting of adhesions during artificial pneumothorax, etc., are transferred from the County Sanatoria to University College Hospital, London Chest Hospital, or the Royal Victoria and West Hants Hospital, Boscombe, and returned to the Sanatoria for convalescence. Arrangements with these Institutions have worked smoothly and regret that there are waiting lists is shared by the Surgeons to whom the cases are referred.

Consultant in Thoracic Surgery. The Public Health Committee has approved the appointment of Mr. Noel F. Adeney, F.R.C.S., as consultant in thoracic surgery under the Tuberculosis Scheme and arrangements have been made for him to visit the County Sanatoria as occasion arises. Mr. Adeney's appointment was in December, 1946.

Treatment Allowances. Treatment Allowances paid under Ministry of Health Memo 266/T have helped considerably in removing financial anxiety from patients who were required to give up work to undertake treatment for pulmonary tuberculosis.

The number of new applications for Treatment Allowances granted during the year ended 31st December, 1946, is as follows:—

Standard Allowances	...	...	165	(135)
Discretionary Allowances	...	...	43	(21)
Special Payments	...	...	28	(18)

(Figures in brackets relate to 1945.)

Care and After-Care Committee. The Fareham, Gosport and Havant Care and After-Care Committee met at monthly intervals throughout the year and through the generosity of the British Red Cross and St. John War Organisation and Women's Voluntary Services, was able to distribute to necessitous patients on the recommendation of the Tuberculosis Officer a considerable quantity of clothing which they would otherwise have found it impossible to obtain. The clothing consists mainly of sleeping apparel, dressing gowns, etc., for use in sanatorium and is issued on loan.

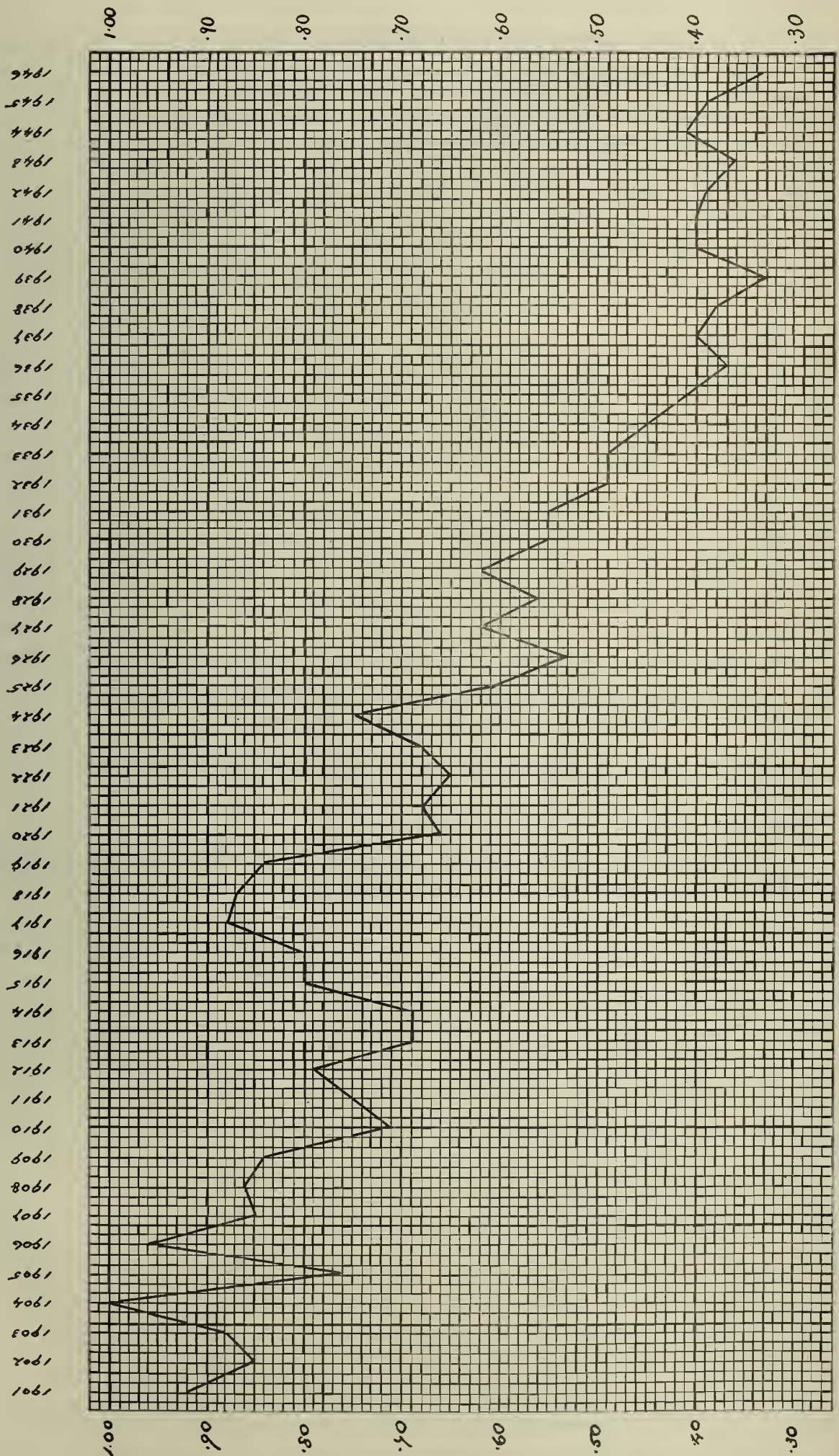
Patients are instructed in Handicrafts in their own homes and the Committee is empowered by the Public Health Committee to give financial help, limited to expenditure of £20 in one month and £3 to one family, without prior approval.

The Tuberculosis Officer has continued to act as Treasurer to the Committee and it is satisfactory to report that few patients have found it necessary to apply for financial help, doubtless due in the main to the provisions of Ministry of Health Memo 266/T.

A gift, not exceeding 10/- per family, was authorised at Christmas, 1946, and was much appreciated in the 40 households where the presents were received.

Boarding-Out of Child Contacts. During the year under review four children were boarded-out under the County Tuberculosis Scheme thus removing them from infection in their own homes. Parents are advised to send children to relatives when this is practicable but there is need for more foster-parents for this valuable work which is restricted by the difficulty of obtaining suitable homes.

Death Rates from Pulmonary Tuberculosis (Hampshire) 1901-1946



CANCER.

The total number of deaths from cancer in 1946 in the Administrative County was 981, giving a crude death rate per 1,000 population of 1.82. Deaths from cancer classified according to age and sex are shown in the following table :—

Ages	MALE				FEMALE			
	Buccal Cavity and Oesophagus	Stomach and Duodenum	Breast	All Others	Uterus	Stomach and Duodenum	Breast	All Others
URBAN								
0—	—	—	—	—	—	—	—	—
1—	—	—	—	—	—	—	—	—
5—	—	—	—	1	—	—	—	2
15—	—	—	—	8	—	2	10	7
45—	9	17	—	77	20	7	30	55
65—	17	25	—	100	22	39	30	83
TOTALS	26	42	—	186	42	48	70	147
RURAL								
0—	—	—	—	—	—	—	—	—
1—	—	—	—	—	—	—	—	—
5—	—	—	—	2	—	—	—	1
15—	—	2	—	10	2	—	6	5
45—	4	11	—	48	11	11	14	32
65—	21	27	—	93	9	19	26	66
TOTALS	25	40	—	153	22	30	46	104

Of the total deaths 561 occurred in Urban Districts giving a death rate of 1.82 and 420 in Rural Districts giving a death rate of 1.81.

Of the total 981 deaths, 472 were of males and 509 of females.

REGIONAL RADIUM CENTRE, SOUTHAMPTON.

Dr. Taylor, the Radiotherapist, has kindly supplied me with the following information assessing the work of the Centre in 1946.

**CASES REGISTERED AND PROVED MALIGNANT AT SOUTHAMPTON
IN 1946.**

Site of disease	SOURCE							
	South- ampton	Ports- mouth	Bourne- mouth	Hants.	Dorset	Wilt- shire	I.O.W.	Others. E.M.S.
BUCCAL CAVITY :								
Radiotherapy	27	12	3	41	11	11	4	1
Other treatments	4	—	—	—	—	—	—	—
No treatment	3	1	—	6	4	—	3	—
DIGESTIVE ORGANS :								
Radiotherapy	15	—	—	6	1	1	3	—
Other treatments	18	—	—	6	—	—	2	—
No treatment	42	—	—	21	3	2	15	2
RESPIRATORY ORGANS :								
Radiotherapy	14	1	1	13	2	2	6	5
Other treatments	2	—	—	1	—	—	—	—
No treatment	10	—	—	3	1	2	1	1
FEMALE GENITAL ORGANS :								
Radiotherapy	60	13	1	92	31	25	18	3
Other treatments	21	—	—	15	1	1	7	—
No treatment	6	1	—	11	6	7	11	2
MALE GENITAL ORGANS :								
Radiotherapy	2	1	—	3	1	1	1	1
Other treatments	6	—	—	3	—	—	—	—
No treatment	1	—	—	1	—	1	3	1
URINARY TRACT :								
Radiotherapy	8	—	2	7	3	—	4	1
Other treatments	1	—	—	1	—	—	—	—
No treatment	4	1	—	1	—	—	1	1
SKIN :								
Radiotherapy	73	2	2	66	29	16	22	5
Other treatments	3	1	—	4	—	—	1	—
No treatment	2	—	—	4	2	2	2	1
NERVOUS SYSTEM :								
Radiotherapy	3	—	—	1	—	—	—	—
No treatment	2	—	—	—	1	—	1	—
EYE								
Radiotherapy	—	—	—	1	—	—	—	—
DUCTLESS GLANDS :								
Radiotherapy	—	—	—	2	1	1	—	—
SARCOMA :								
Radiotherapy	9	—	1	25	5	5	5	6
Other treatments	2	—	—	—	—	—	—	—
No treatment	4	1	—	7	1	1	3	1
TOTALS :								
RADIO THERAPY (738) ...	211	29	10	257	84	62	63	22
OTHER TREATMENTS (100) ...	57	1	—	30	1	1	10	—
NO TREATMENT (214) ...	74	4	—	54	18	15	40	9
TOTAL (1052) ...	342	34	10	341	103	78	113	31

MALIGNANT CASES AND THEIR TREATMENT, 1946.

Site	Type				Intention		Treatment					No Treatment	Total
	Small	Advanced	Healed (previous)	Residue, Recurrence, Metastases	Cure	Palliative	Surgery	Radiotherapy/Surgery	Radiotherapy	Hormones	Radiotherapy Hormones		
Lip ...	23	3	3	10	36	1	—	1	36	—	—	2	39
Tongue ...	13	12	1	4	21	6	2	—	25	—	—	3	30
Mouth ...	3	13	—	1	8	5	—	—	13	—	—	4	17
Tonsil ...	—	6	1	—	2	3	—	—	5	—	—	2	7
Pharynx ...	2	28	—	—	13	13	—	—	26	—	—	4	30
Post-Cricoid ...	2	1	—	—	2	1	—	—	3	—	—	—	3
Salivary Glands ...	—	3	1	1	3	—	2	—	1	—	—	2	5
Oesophagus ...	3	11	—	—	4	5	—	—	9	—	—	5	14
Stomach ...	3	24	—	—	—	4	2	—	2	—	—	23	27
Colon ...	2	33	—	6	13	3	13	—	3	—	—	25	41
Rectum ...	6	33	2	6	10	12	10	—	12	—	—	25	47
Gallbladder ...	—	1	—	—	—	—	—	—	—	—	—	1	1
Others ...	—	7	—	—	1	—	1	—	—	—	—	6	7
Antrum ...	3	3	1	—	6	—	—	—	6	—	—	1	7
Larynx ...	6	3	—	—	7	1	3	—	5	—	—	1	9
Lung ...	—	49	—	—	4	29	—	—	33	—	—	16	49
Cervix Uteri. ...	27	45	2	4	63	10	2	—	71	—	—	5	78
Uterus ...	13	2	3	8	20	3	6	—	17	—	—	3	26
Ovary ...	1	14	8	10	19	3	4	1	17	—	—	11	33
Ext. Organs ...	7	6	2	—	8	2	2	1	7	—	—	5	15
Breast ...	33	63	44	40	129	31	25	30	95	6	4	20	180
Prostate ...	—	13	—	2	2	8	2	—	—	6	2	5	15
Penis ...	3	—	—	—	2	—	1	—	1	—	—	1	3
Testis ...	1	—	4	3	4	3	—	1	6	—	—	1	8
Kidney ...	—	9	—	1	4	3	1	—	6	—	—	3	10
Bladder ...	3	14	4	4	10	10	1	5	14	—	—	5	25
Sq. Ca. Skin ...	36	7	1	4	45	1	5	—	41	—	—	2	48
Others ...	7	3	—	—	8	1	3	—	6	—	—	1	10
Rodent Uleer ...	157	2	1	11	162	—	1	1	160	—	—	9	171
Melanoma ...	3	3	—	2	6	1	—	1	6	—	—	1	8
Nervous System ...	1	3	2	2	2	2	—	—	4	—	—	4	8
Eye ...	—	—	—	1	1	—	—	—	1	—	—	—	1
Ductless Glands ...	—	2	—	2	1	3	—	—	4	—	—	—	4
Sarcoma ...	3	65	3	5	28	30	2	1	53	—	2	18	76
TOTALS ...	361	481	83	127	644	194	88	42	688	12	8	214	1052
	1052						838					214	

N.B.—All the radiotherapy was done at the Royal South Hants Hospital, Southampton, but some of the surgery was performed at other hospitals.

RADIOTHERAPY CLINICS, 1946.

<i>Hospital</i>	1945	1946
Dorchester County Hospital	577	743
Salisbury General Infirmary	520	775
Ryde County Hospital	604	843
Royal Hants County Hospital, Winchester	451	727
Royal South Hants Hospital, Southampton	4155	4539
	<u>6307</u>	<u>7627</u>

The total number of new cases from Hampshire registered at the Royal South Hants Hospital as potentially malignant, in 1946, was 341.

Those having radiotherapy at the Hospital	257
Those having no treatment, owing to the extent of the disease, or the age of the patient	30
Those having other treatment	54
	<u>341</u>

Of the 257 new cases treated by radiotherapy there were 112 early cases and 145 late.

Of the 341 cases registered as potentially malignant 20 were proved non-malignant, of which eight were treated there.

The Diagnostic and Follow-up Clinics were held weekly at Southampton and once a fortnight at Winchester during the year.

BLIND.

Twenty-seven men and sixty-three women were certified as Blind during 1946. The following table gives the numbers according to the age when it is estimated blindness, according to the definition 'so blind as to be unable to perform any work for which eyesight is essential,' occurred.

Age	Birth	0-	30-	40-	50-	60-	70-	80-	90-	Not Known
Numbers of Male ...	—	2	—	—	5	7	10	3	—	—
Female	—	4	1	4	7	7	22	15	—	3

The causes of the eye defects to which the blindness was due according to the certifying ophthalmic surgeon were as follows:—

Males.

*Age at onset
of Blindness*

Causes.

0—29	Injury to buphthalmic eyes; cerebral tumour.
50—	Myopia; cataract; glaucoma (2); retinitis pigmentosa.
60—	Cerebral haemorrhage; glaucoma (2); local inflammation (iritis); cataract associated with retinitis; keratitis; arteriosclerosis associated with injury.
70—	Cataract (4); glaucoma (2); senile choroiditis (2); cataract associated with injury; focal sepsis causing secondary cataract.
80—	Cataract; cataract associated with glaucoma; arteriosclerosis.

It is seen that cataract either alone or associated with other conditions accounted for blindness in 11, and glaucoma seven out of the 27 causes, or 41 and 26 per cent respectively.

Females.	
<i>Age at onset of Blindness</i>	<i>Causes</i>
0—29	Cerebrospinal meningitis ; retinitis pigmentosa ; congenital syphilis ; disease of central nervous system.
30—	Retinitis pigmentosa.
40—	Alcoholic neuritis ; keratitis ; congenital syphilis ; cataract associated with glaucoma.
50—	Myopia ; cataract ; injury (war) ; glaucoma ; glaucoma with cataract ; cataract associated with keratitis ; diabetes.
60—	Cataract (2) ; cataract associated with optic atrophy ; glaucoma ; glaucoma associated with injury ; detached retina ; congenital syphilis.
70—	Cataract (10) ; cataract associated with senility ; myopia ; arteriosclerosis (3) ; glaucoma (3) ; glaucoma associated with arteriosclerosis ; myopia and injury ; panophthalmitis and senile retinal degeneration ; myopia associated with glaucoma and cataract.
80—	Cataract (7) ; cataract associated with iritis ; choroido-retinal degeneration ; arteriosclerosis (2) ; glaucoma ; keratitis ; senile choroidoretinal degeneration (2).
Age not stated	Myopia ; glaucoma ; cataract associated with keratitis.

In thirty-five women cataract alone or associated with other defects was the cause of blindness and in 12 glaucoma alone or associated with cataract or other defects, or a proportion of 52 and 19 per cent respectively.

I attach extracts of particular interest from the Annual Report of the Hampshire Association for the Care of the Blind for 1945-46.

Unemployable Blind.

The increase in the number of new cases remains much the same as in the previous year. Ninety new cases were added to the Register as against 87 during 1944-45.

Every necessitous new case is granted domiciliary assistance in accordance with the Scheme approved by the County Council. The assessment of all applications is made by the Case Committee which meets once a month. These domiciliary allowances are paid to the Blind in weekly or fortnightly instalments through the medium of Voluntary Almoners. In each village there is a suitable person appointed to do this work on our behalf, while in the towns the payment of grants is undertaken by our Local Committees. It is always hoped that where a Committee is in operation as many members as possible will take part in the distribution of the grants.

Home Workers.

The Home Workers have been kept very busy during the past year in trying to fulfil the many orders placed with the Scheme. Owing to the shortage of materials, it has not been possible for them to supply all the needs of their local customers.

Home for the Blind.

Through the past year we have had our full number of residents in the Home. Two men and two women left during the period under review, the former were found alternative accommodation, while the latter were admitted to Hospital. Their places were taken at once by persons who had been on the waiting list for admission for some considerable time.

It was also possible to arrange for a few Blind persons from the County, to have holidays at the Home, by utilising the beds while residents were away visiting relatives.

Home Teachers.

The question of the Home Teaching Service has been reviewed by a Special Sub-Committee, as a result of which an application was made to the County Council to increase the number of Home Teachers in the County from five to seven ; this was approved by the Finance Committee. It is accordingly hoped that by next October the County will be divided into seven Home Teaching Areas with Centres at Alton, Petersfield, Basingstoke, Winchester, Romsey, Lymington and Fareham. Each Home Teacher will then have 130 Blind Persons and 45 partially-sighted on her visiting list, as against about 180 Blind persons and 60 partially sighted. With the reduction in the size of each area and the smaller number of persons for each to visit, the Home Teachers will have more time to give in developing the occupational side of their work.

Handicraft Classes and Socials have been regularly held at Petersfield, Winchester, Andover, Basingstoke, Lymington, Gosport, Eastleigh and Fareham. The local Committees, working with the Home Teachers, have taken great trouble in making these Classes and Socials so successful.

VENEREAL DISEASES.

The following Tables show an enormous proportionate increase in persons suffering from venereal diseases and attending clinics for the first time in 1946.

Table I.

Number of cases resident in the County Area (both sexes) who attended Clinics for the first time during the years stated.

Year	1939	1940	1941	1942	1943	1944	1945	1946
Syphilis	73	63	109	133	137	118	123	208
Gonorrhoea	127	108	128	109	117	151	194	308
Non-V.D.	133	113	199	225	474	545	785	679

Table II.

Number of first attendances made at all Clinics serving Hampshire (except Southampton).

Year	Male								Female							
	1939	1940	1941	1942	1943	1944	1945	1946 Southampton added	1939	1940	1941	1942	1943	1944	1945	1946 Southampton added
Primary Syphilis	31	25	44	40	46	58	139	209	8	14	28	32	52	41	65	100
Secondary Syphilis	20	35	30	30	28	36	16	73	21	42	54	62	83	90	144	123
Other	110	76	96	93	103	83	90	99	74	89	91	95	126	119	132	127
Congenital	16	22	20	30	41	20	18	22	37	40	48	39	35	46	45	37
Gonorrhoea first	541	368	316	232	241	344	510	1181	154	164	262	238	319	298	562	367
Gonorrhoea later	33	40	42	20	43	14	17	19	13	54	40	41	75	41	30	15

Table I above refers to patients attending the following clinics :—Aldershot, Basingstoke, Bournemouth, Guildford, Portsmouth, Reading, Salisbury, Southampton and Winchester.

The number of first attendances mentioned in Table II refer to all cases attending the Clinics mentioned and include cases from other areas (*e.g.*, the County Boroughs) than the Administrative County. It is reproduced here to show the general trend in the area of first attendances for early and later manifestations of disease.

Expectant Mothers.

As in previous years the taking and testing of blood from expectant mothers attending ante-natal clinics was advocated and carried out in 1,936 cases. The number of samples found to give a positive Wassermann reaction was 16 in 1946 and the proportion 0.83 as against 0.5 in 1945.

Gonococcal Ophthalmia.

Of the 43 cases of ophthalmia notified smears from one showed organisms morphologically identical with gonococci; no cultures were made. The mother of this child could not be persuaded in spite of repeated efforts to attend for treatment. No injury to the child's eyes occurred.

Regulation 33B.

The following Tables set out the number of notifications received and the results of action taken. There is still a considerable difficulty in tracing and persuading cases to attend clinics.

The number of notifications received are diminishing rapidly since during the last half of 1946 only 13 were received. This is probably due to the rapid dispersal of large troop concentrations such as existed during war time.

' Single ' Notification Cases.

Notifica- tions recd.	Submitted to examination		Result of examination			Refusal to co-operate	Not traced	Committed to Prison	Left County
	Own Dr.	* Clinics	Gon.	Syph.	Neg.				
74	1	20	4	4	13	6	34	7	6

*—all visited by Moral Welfare Workers.

' Double ' Notification Cases.

No. of cases	Disposal		Result of examination			Remarks
	Attended clinics voluntarily	Committed to Prison	Gon.	Syph.	Neg.	
4 (Two notifications received for each)	2	2	2	1	1	The two cases who attend- ed voluntarily did so as the result of visits paid by the Moral Welfare Workers. The ' inform- ers ' in all four cases were suffering from gonor- rhoea.

Women Police.

Their useful work continues.

Almoners.

The arrangements made with the Moral Welfare Councils of the Portsmouth and Guildford Diocese for the attendance of a selected Social Worker at the female clinics held at Portsmouth and Aldershot and for her visiting patients in their homes if advisable continued, as did the services of the Hospital Almoner, at the Royal Hampshire County Hospital. The latter was, however, ill for practically the whole of the year and unfortunately was unable to carry out any work. Defaulters at Bournemouth continue to be referred to the County Council for visits to be arranged.

The services of these almoners is much appreciated by the Medical Officers at the Clinics concerned but the difficulty in contacting the patients is very great and their promises of attendance frequently broken for no obvious reason, but in some cases persistent efforts have had their reward.

A summary of patients seen and helped and of visits and enquiries is given below :—

					<i>Patients seen</i>	<i>Visits and Enquiries</i>
Aldershot Clinic	...	...	...	...	35	77
Portsmouth Clinic	...	...	...	...	66	156
Winchester Clinic	...	...	...	...	32	89

General Practitioner Service.

During the year 7 cases of syphilis (3 male and 4 female) and 7 cases of gonorrhoea (all males) were treated by three General Practitioners under this scheme ; in addition 9 cases of non-venereal diseases (6 males and 3 female) were also dealt with. The General Practitioners concerned live at Andover, Overton and Petersfield respectively.

COUNTY LABORATORIES.

The work in the Laboratories increased during the year particularly in regard to specimens submitted for chemical analysis, *viz.*, from 11,059 in 1945 to 13,117 during 1946.

In regard to bacteriological analyses sputa samples fell by 488 and diphtheria swabs by 588 whereas specimens submitted for examination for venereal diseases increased by 1,180.

VOLUNTARY ASSOCIATIONS.

The County Council is indebted to a considerable extent to the various Voluntary Associations who carry out so much splendid work for the well-being of the people in this County. The Association for the Care of the Blind and the County Nursing Association continue their very wide activities ; there is also an active Association for the Care of the Mental Defective. The assistance given by the Inspectors of the N.S.P.C.C. deserves special mention. The activities of the Order of St. John and the British Red Cross Societies in connection with the ambulance services, and particularly, in conjunction with the W.V.S., the Hospital Car Service, are considered essential services. The formation of medical comforts depots have already been mentioned. Members of the British Red Cross Society continue to give extremely valuable assistance to the Orthopaedic Service.

H. LESLIE CRONK,

County Medical Officer.

